Successful Physician Leadership and Engagement for Change: Kaiser Permanente Mid-Atlantic States

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The Permanente Medical Group

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What is Kaiser Permanente ?

We are a partnership of separate legal entities

Kaiser Foundation Health Plans

Nonprofit regional health plans that provide members with prepaid comprehensive health benefits

KAISER PERMANENTE®

Kaiser Foundation Hospitals

Nonprofit corporations that own and operate or contract for hospital facilities and services.

The Permanente Medical Groups

Regional Medical Groups which contract exclusively with KFHP/H to provide medical services to Kaiser Permanente members

Kaiser Permanente Mid-Atlantic at a glance

Fast facts:

- Spans Washington, DC, Maryland, Virginia
- ~500,000 members
- ~1,000 Mid-Atlantic Permanente Medical Group physicians
- ~1,400 nurses
- ~6,000 employees
- 30 medical facilities
- 24/7/365 care available at various centers
- 1.2 million primary care visits (2012)
- 865,000 specialty care visits (2012)
- 190,762 Urgent care visits (2012)
- Unparalleled online tools and EMR

Service Areas

The quest – model of choice everywhere

2008 and prior

- Long-standing, blazing success in California
  KPMAS not our strongest region.
- Mid-Atlantic Region ready to re-dedicate to the very "DNA" of KP - Fully integrated, highly-coordinated, complete care delivered to KP members.

East Coast – West Coast Affiliation

Vision: Have One.

Make it clear and easily articulable by all.

Everyone needs to know what you're about – why are you here?

To be the model of choice for health care everywhere by creating the most value

$$\textbf{Value} = \frac{\text{Quality} + \text{Access} + \text{Service}}{\text{Cost}}$$

Diagnostics - No stone unturned

Our comprehensive framework for making comprehensive salutary change a reality

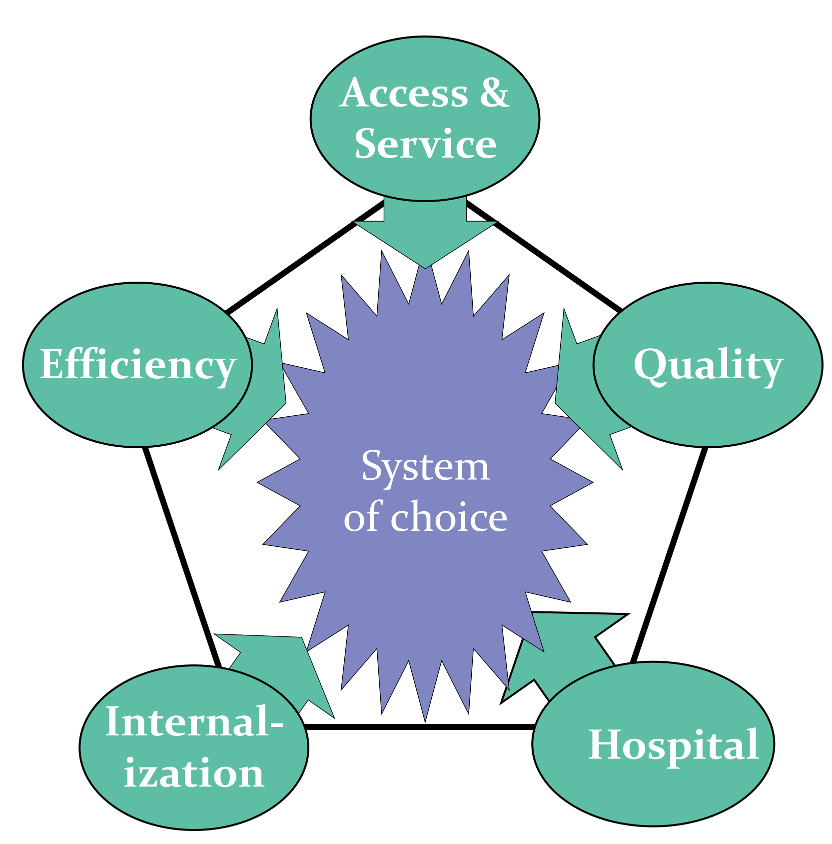
Foundational imperatives

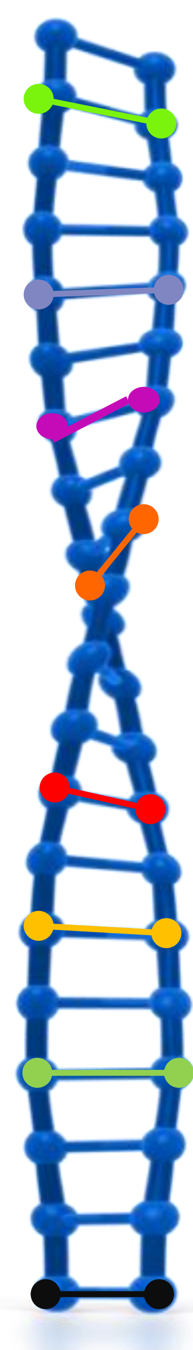
Operational imperatives

People

Systems/Data

Technology





The overall leadership/management organization structure. Finding our way back to the medical home. Physician development.

Systems/Data/Reporting

What metrics are used to measure performance? How do we build the systems to provide coordinated care? How do we know how well we are doing?

Technology

Install some basic, critical hardware/software.

Efficiency

Why do we do it that way?

Quality

Quality is Everyone's Job. Specialists also do population management.

Access & Service

Flexible modalities to meet patients' needs using their standards of convenience.

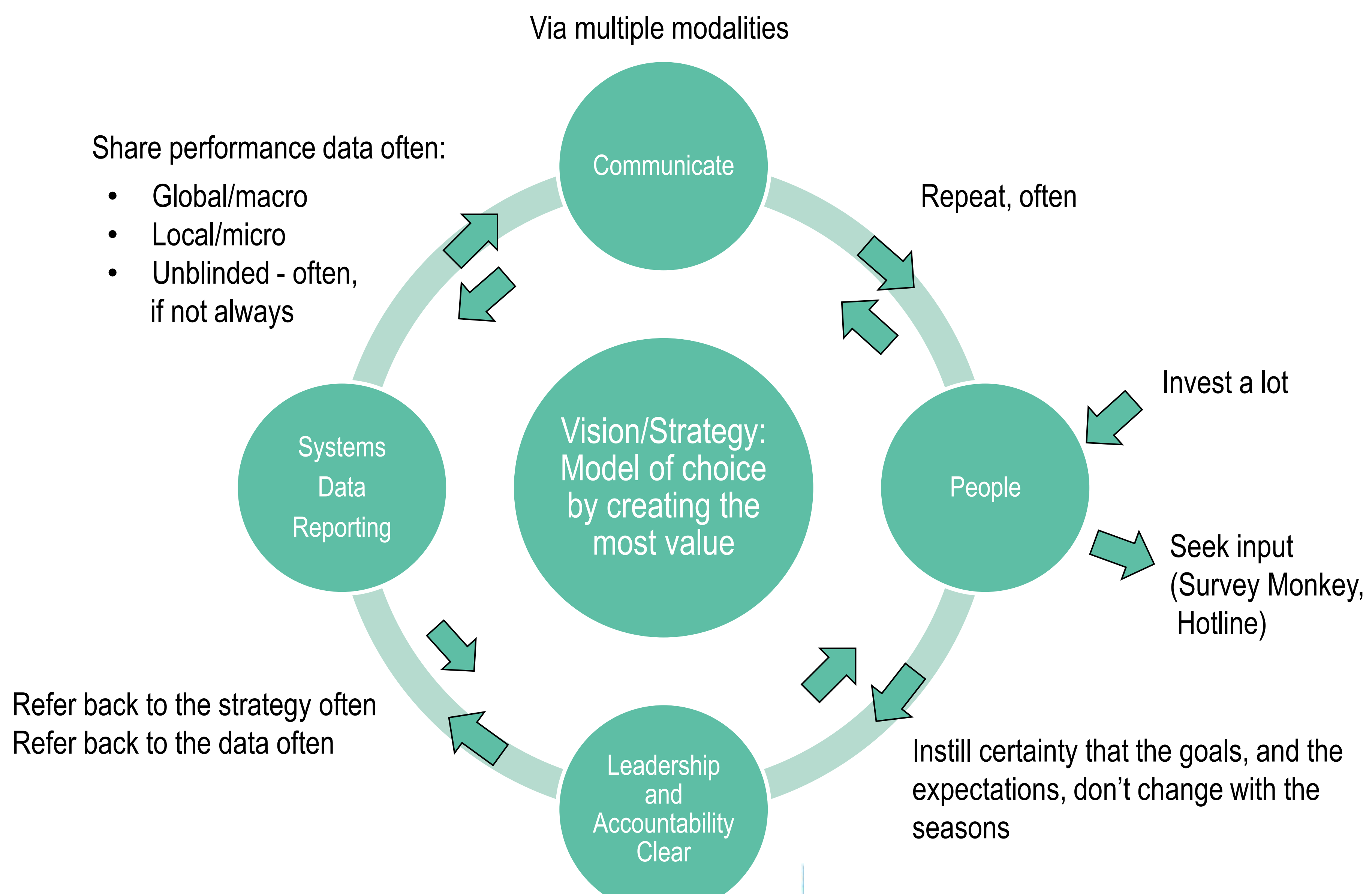
Hospital, UC/ED

Focus on expanding urgent care and enhancing hospital partnerships and expectations.

Internalization

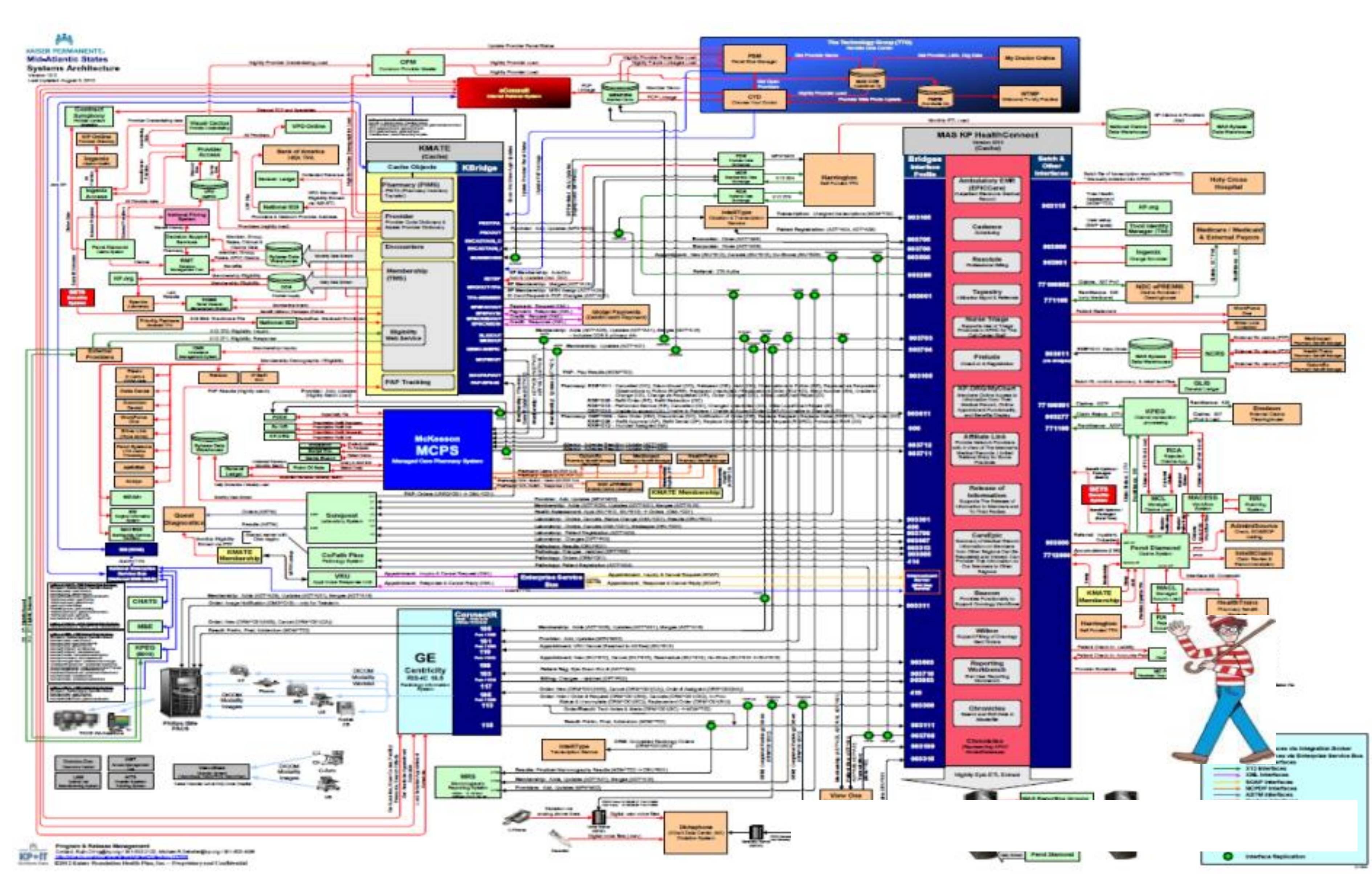
Implement new services, capabilities, workflows, and practices to internalize care.

Most Important: People and Information, and the Byplay Between the Two



People

Leadership & Management Structure – Clarity, Please



People

Invest in Physician & Staff Development and Recognition

- Physician Residential Leadership Development Programs
- Physician Wellness Program ("Live Well Be Well")
- Physician-Patient Communication Training
- Quality "Summits"
- Regional "Heroes" Program
- Senior Leadership Communication Sessions on the Road
- Thriving in a Busy Practice Trainings
- Tumor Board Training
- Partners in Care
- Extensive Simulation Trainings
- Access "Summits"
- Communication Skills Intensive Trainings
- MAPMG Admin Day
- MD Connect Educational Series
- MDConnect Peer Coaching Program
- Medical Office Building-based Physician Recognition Program
- New Physician Day
- Enhanced Mentoring Program
- MAPMG Day

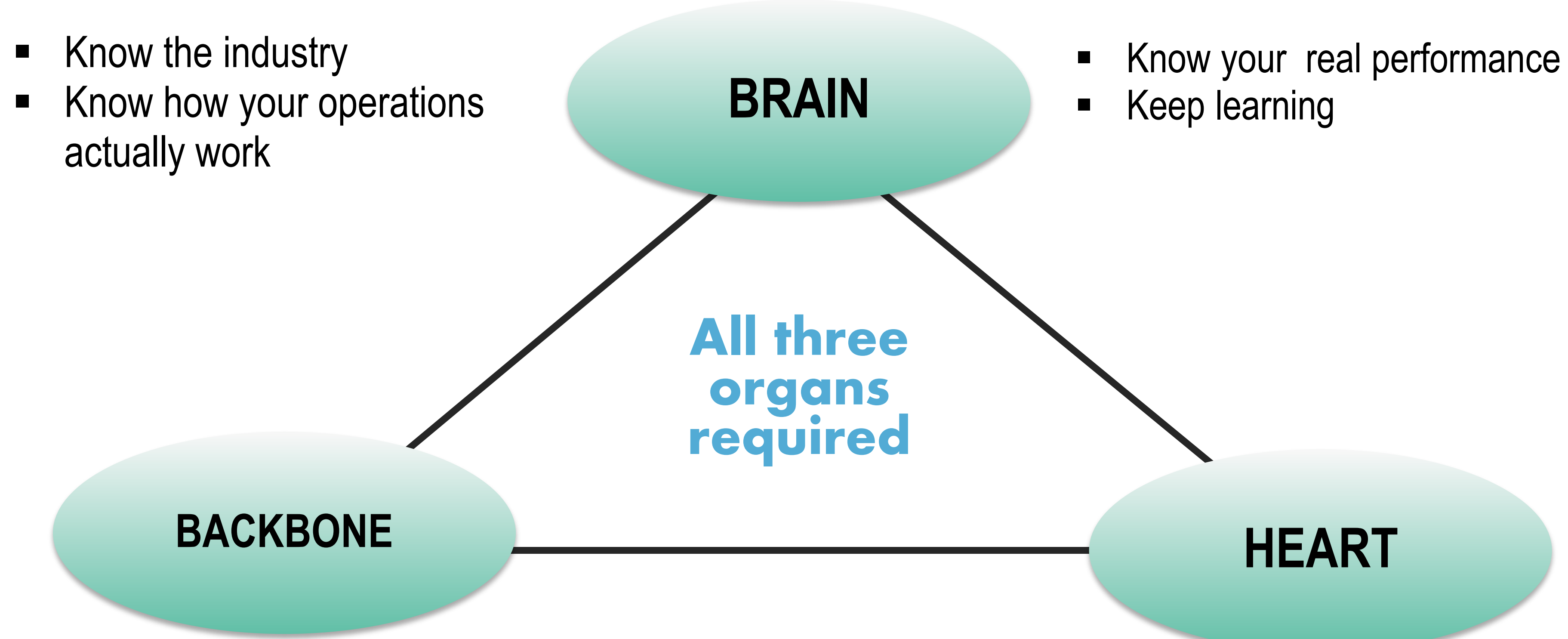
There is a huge chasm between knowing and doing, and executing is as important as thinking “big thoughts.”
Implementation must be a core competency.

“Leadership” is an active verb.

Success in Health Care Leadership

- Know the industry
- Know how your operations actually work

- Know your real performance
- Keep learning



- Do what you say you will
- Know your values and why you're here
- Expect the best
- Refuse to make "chumps" of your high performers.
- Be OK with realizing you can't make everyone happy

- Know your people, and let them know you
- Laugh
- Realize your job is to move the middle

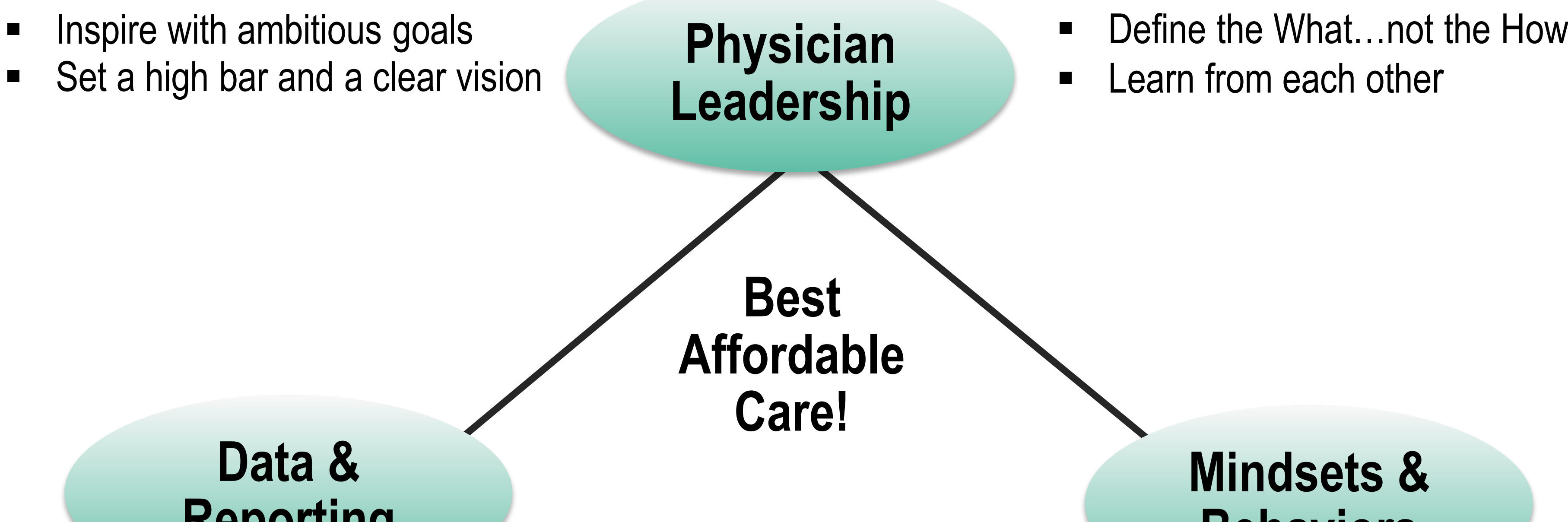
Turning Doctors into Leaders

- Performance matters
  - “Excellence is a habit” - *Aristotle*
- “Value” is not a bad word
- Teamwork improves performance (physician autonomy is not synonymous with quality)
- Maintain the altruistic vision
- Integrate providers to improve communication and close gaps in care; when doctors talk to each other, good things happen. The opposite is also true.

My own addition: measurement is a *good* thing for physicians

Source: adapted from “ Turning Doctors into Leaders,” Dr. Thomas Lee, Partners HealthCare, *Harvard Business Review*, March 2010

Inter-Related Elements of the Success Formula



- Macro & granular results
- Data right in the hands of influencers
- Transparency – High *vs.* Low Performers
- Et cetera

- Think BIG, start small, move fast!
- Empower people…physicians & frontline staff
- Believe! Prevention saves lives
- Believe! The WIIFM of improved patient experience

People

Invest in Physician & Staff Engagement

- Innovation Consultant Program
- Mandatory (supported) Inter-departmental meetings
- Inefficiency “hot line” with 100% response
- Annual administration of Physician Opinion Survey
- Give away “tchotchke's” for participation in surveys

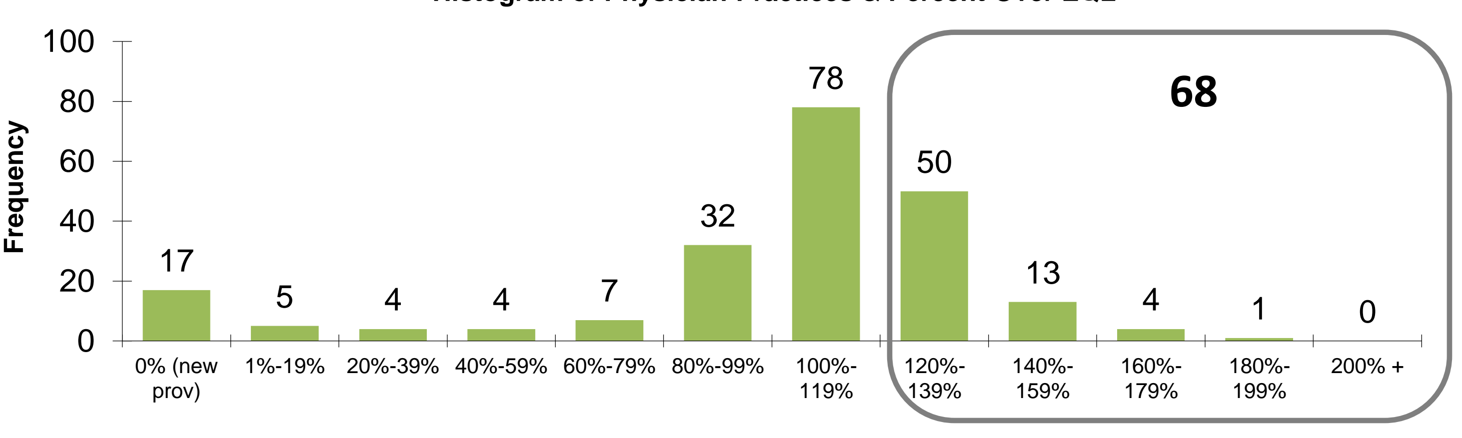
People

Physician retention/recruitment/workforce flexibility

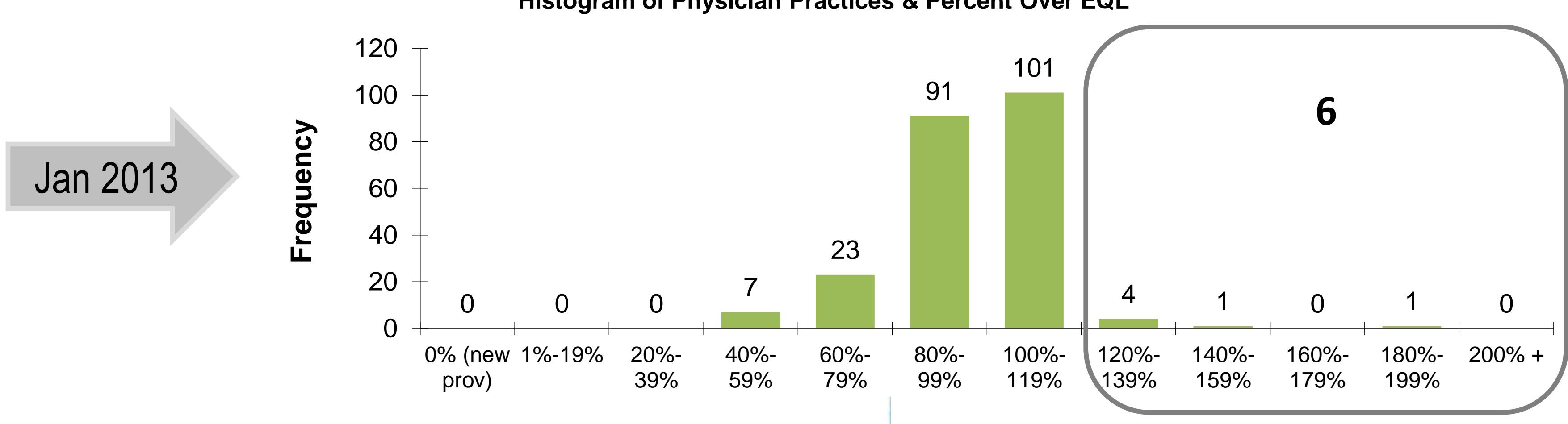
- Eliminated significant deficit in primary care physicians and "right-sized" primary care panel sizes to enable excellence in access and quality goal achievement
- Established strict controls over the empanelment process to prevent the gross over-empanelment of certain physicians
- Implemented Panel Size Manager to maximize number of open panels
- Established aggressive annual recruiting campaign for physicians tied to calendar of academic year

"Right-sized" primary care panel sizes

Enable excellence in access and quality



Apr 2009



The evolution of specialty capabilities in KP

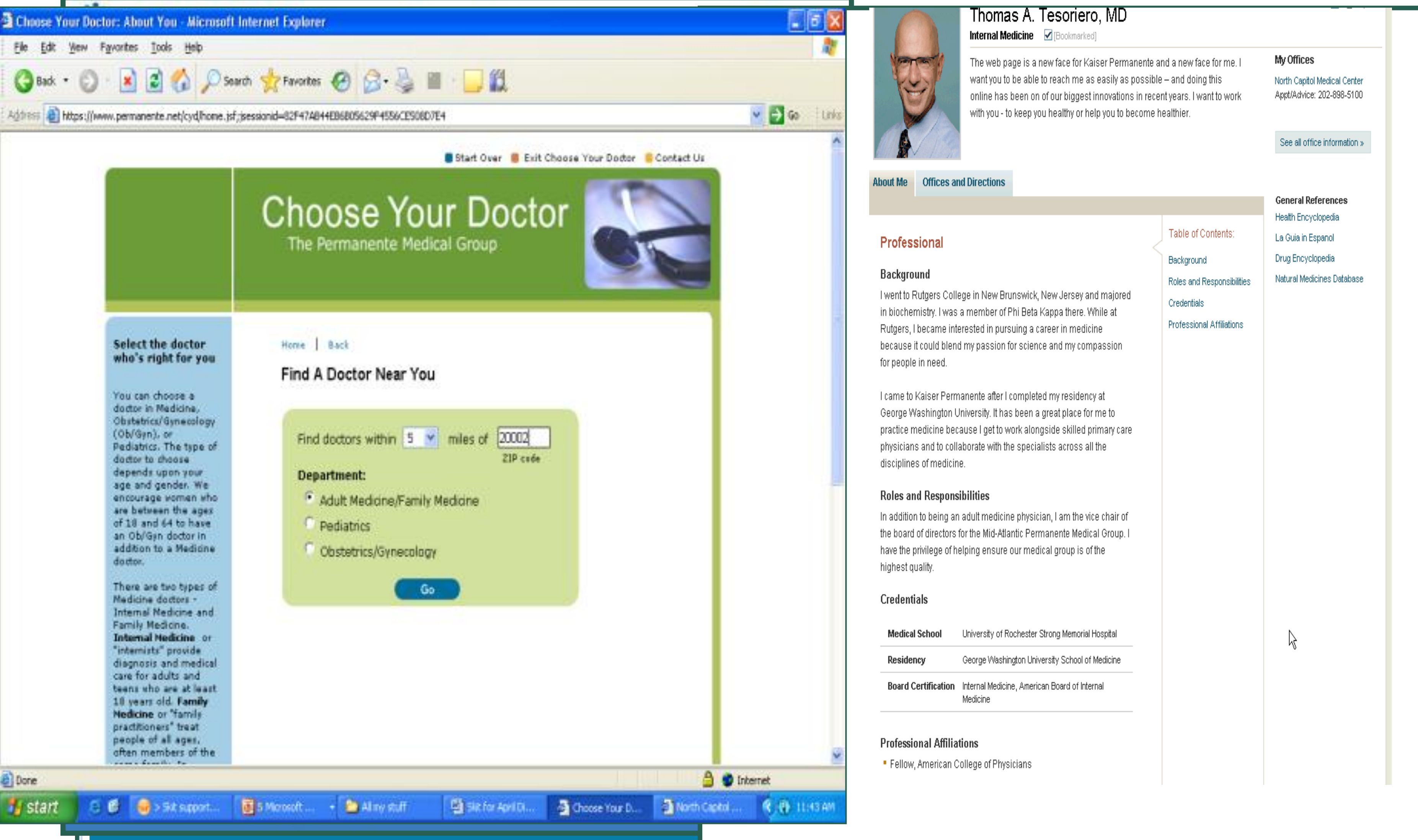
- Hiring primary care doctors and ‘basic’ specialists

- Adding 24/7 services (UC/RAD)
- Specialists in Baltimore

- Adding ER physicians
- Interventional radiology
- Nuclear medicine
- Pediatric subspecialists
- Psychiatrist and Therapists

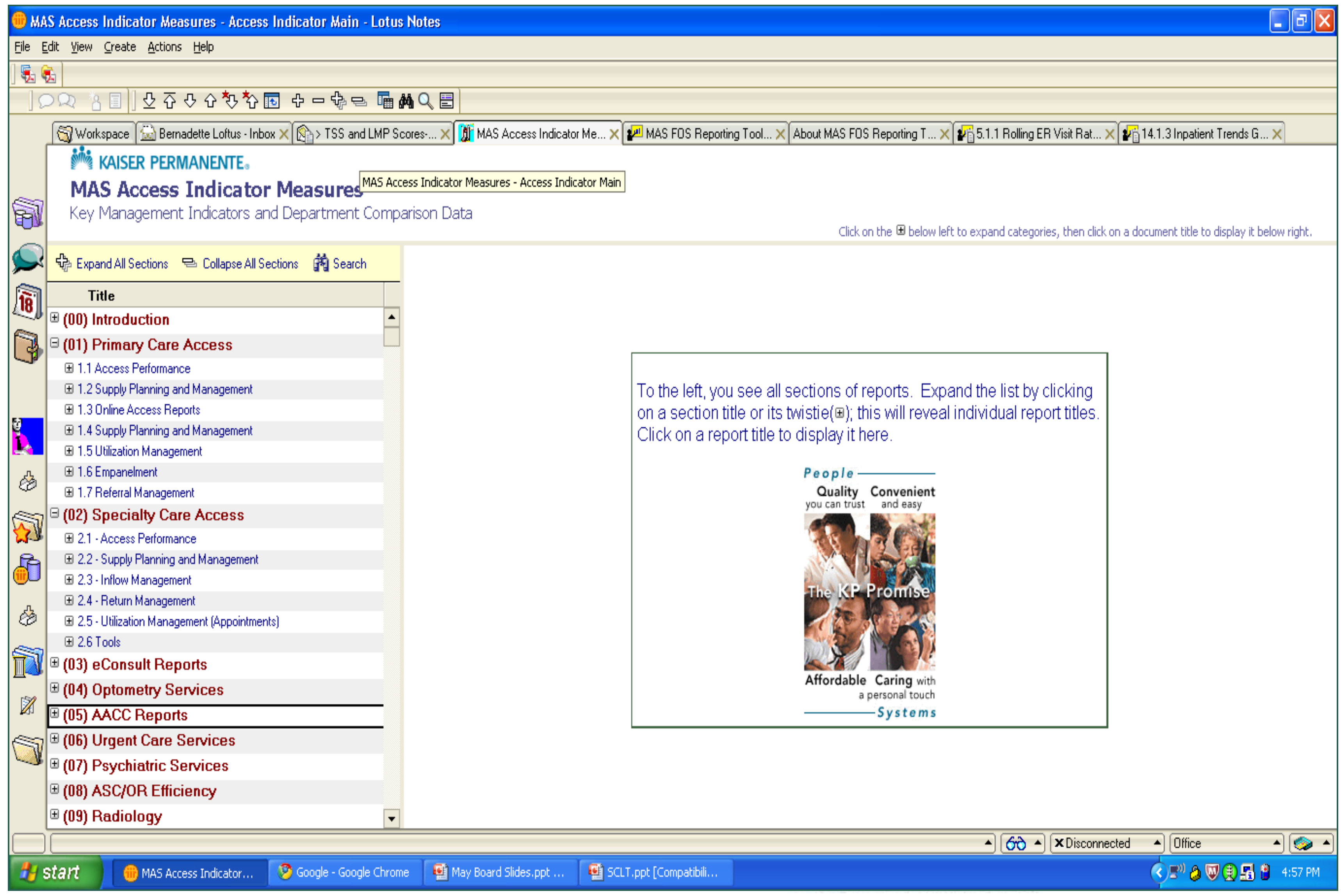
Systems/Data/Reporting – Systems examples

Help make doing the right thing easy, and the wrong thing hard



Systems/Data/Reporting – Data examples

Established a culture of "show me the data," from which we manage our business.



Systems/Data/Reporting– Reporting examples

Never underestimate the power of competition - Transparency, in the form of unblinded data, spurs change.

MAPMG
Mid-Atlantic Permanente Medical Group

Facility View

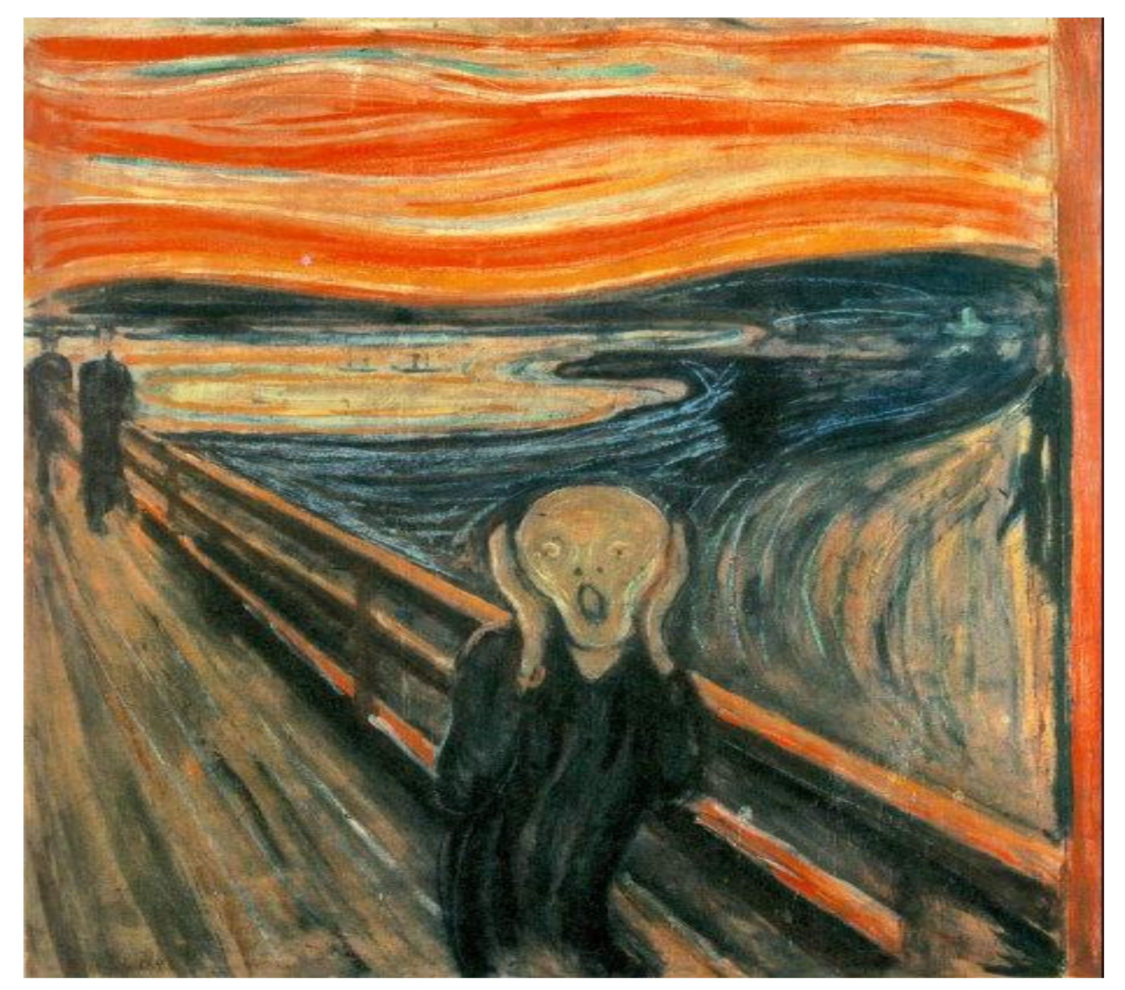
Weekly Specialty Access Report

Reporting Period: 02/10/2013 - 03/09/2013

Spe	SA	Facility Desc	Week Desc	Throughput and Backlog Calculations								ITS Calculations				
				New Demand A	Open @ Beg B	Closed "Not Seen" C	Closed "Seen" D	Open @ End E	Weekly Throughput F	Backlog G	Backlog in Weeks H	Initiated to Booked (Days)	Initiated to Seen (Days)	Total Seen	seen in 10 days	% Seen Within 10 Days
ALLERGY																
	ALL															
		ALL														
			2/10/2013 - 2/16/2013	137	168	34	111	160	145	15	0.1	0.6	6.1	81	70	86.4%
			2/17/2013 - 2/23/2013	101	160	32	78	151	110	41	0.4	0.3	5.9	55	50	90.9%
			2/24/2013 - 3/2/2013	151	151	34	103	165	137	28	0.2	0.5	6.0	73	60	82.2%
			3/3/2014 - 3/9/2013	124	165	47	94	148	141	7	0.0	0.7	6.3	64	58	90.6%
			ALL 4 Week Total	513	165	147	386	148	533	7	0.0	0.6	6.1	273	238	87.2%
	BAI															
		WOODLAWN														
			2/10/2013 - 2/16/2013	21	12	3	11	19	14	5	0.4	1.9	5.7	7	6	85.7%
			2/17/2013 - 2/23/2013	12	19	2	7	22	9	13	1.4	0.1	6.6	7	6	85.7%
			2/24/2013 - 3/2/2013	14	22	6	11	19	17	2	0.1	0.9	7.8	11	7	63.6%
			3/3/2014 - 3/9/2013	19	19	7	10	21	17	4	0.2	0.0	0.3	4	4	100.0%
			4 Week Total	66	19	18	39	21	57	4	0.2	0.8	6.0	29	23	79.3%
	DCSM															
		CAPITOL HILL														
			2/10/2013 - 2/16/2013	14	26	0	18	22	18	4	0.2	0.5	8.8	14	10	71.4%
			2/17/2013 - 2/23/2013	14	22	4	10	22	14	8	0.6	1.2	10.4	5	3	60.0%
			2/24/2013 - 3/2/2013	15	22	4	12	21	16	5	0.3	0.0	7.3	8	6	75.0%
			3/3/2014 - 3/9/2013	17	21	5	9	24	14	10	0.7	0.4	14.6	7	4	57.1%
			4 Week Total	60	21	13	49	24	62	10	0.7	0.5	9.9	34	23	67.6%

BURKE	82.2%	99.7%	86.4%	82.2%	99.7%

Quality



- Edvard Munch, The Scream

What keeps us up at night?

1) Systems that make it hard to do the right thing

2) Primary care "doing it all"

PROVIDER LEVEL PERFORMANCE AND UTILIZATION REPORT

Physicians with > 2 yrs tenure

Department: Medicine

Measurement Period:

Never underestimate the power of competition

Transparency, in the form of unblinded data, spurs change.

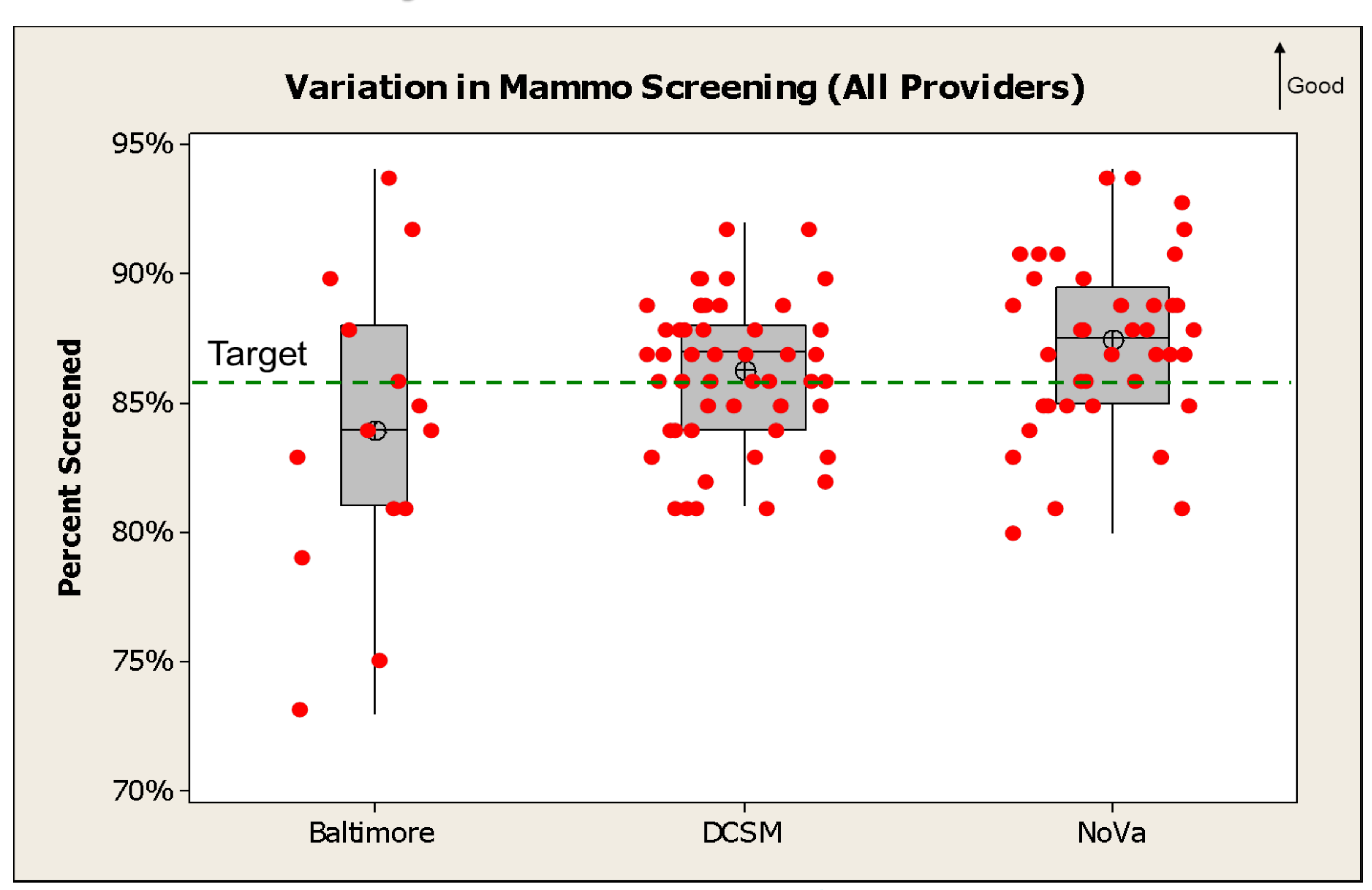
Print Options: Condensed Report / Expanded Report

SHOW All | SHOW All | SHOW All | SHOW All | SHOW All | SHOW All | SHOW All | SHOW All | HIDE Detail

IDENTIFICATION DATA					PANEL INFORMATION					MPS	ACCESS	On-Line	CV	DIABETES	CANCER	QUALITY	OVERALL
MC	FAC	NAME	RES ID	HIRE DATE (mm/dd/yy)	Prim. Care FTE	Target Panel Size	Risk Adj. Panel	% Empanl	# Unadjusted Panel Members	MPS Index	Access/ Person. Index	On-line Mgmt. Index	CV Index	Diabetes Index	Cancer Screen. & Prev. Index	Qual. Coding Index	Overall Performance Index
A	B	C	D	E	F	G	H	I	J	AA	AF	AK	AP	BI	BP	BS	BT
									2008 TARGETS								
SCL	CMB	A ameer			0.52	1,144	1,376	120%	1,301	1.31	1.04	1.31	0.99	1.13	1.15	1.01	
SCL	CMB	C hilip			0.90	1,980	2,294	116%	1,807	1.00	1.14	1.26	0.99	1.02	1.24	1.03	
SCL	CMB	F ebra			0.60	1,320	1,702	129%	1,625	1.00	1.04	1.28	0.94	1.11	1.18	1.04	
SCL	CMB	H ndrew			0.80	1,760	2,036	116%	2,514	1.00	1.07	1.10	1.00	1.06	1.05	1.04	
SCL	CMB	K n, James			0.95	2,090	2,426	116%	2,281	1.00	1.15	1.15	1.04	1.02	1.12	1.03	
SCL	CMB	K inder			0.60	1,320	1,674	127%	1,475	1.00	1.05	1.20	1.05	1.10	1.09	1.02	
SCL	CMB	L			0.80	1,760	2,178	124%	1,712	1.06	1.14	1.22	1.06	1.03	1.19	1.03	
SCL	CMB	P nita			0.81	1,782	1,970	111%	2,563	0.75	1.09	1.13	0.92	1.08	1.04	1.04	
SCL	CMB	Q anne			0.69	1,518	1,858	122%	2,059	1.00	1.10	1.24	0.96	1.04	1.08	1.04	
SCL	CMB	S a			0.80	1,760	1,662	94%	2,201	1.00	0.86	1.09	0.78	0.94	1.02	0.99	
SCL	CMB	S a			0.83	1,826	2,160	118%	2,336	1.00	1.07	1.25	1.07	1.03	1.13	1.03	
SCL	CMB	T cy			0.71	1,562	1,894	121%	1,922	1.00	0.94	1.25	0.91	0.95	1.12	0.95	
SCL	CMB	Z n			0.90	1,980	2,346	118%	2,252	1.00	1.11	1.19	1.05	1.10	1.14	1.04	
SCL	**CMB**	**O ell**			**0.76**	**1,677**	**1,967**	**118%**	**2,004**	**1.01**	**1.06**	**1.20**	**0.98**	**1.05**	**1.12**	**1.02**	
SCL	MIL	A ayssoun			0.69	1,518	1,555	102%	1,827	0.75	1.03	1.04	1.05	0.99	1.04	1.03	
SCL	MIL	A Swe			0.69	1,518	1,591	105%	1,455	1.06	0.96	1.02	1.08	1.09	1.11	1.02	
SCL	MIL	B Sraboni			0.59	1,298	1,336	103%	1,506	1.00	1.09	1.06	1.06	0.98	1.01	1.02	
SCL	MIL	C ason			0.90	1,980	2,073	105%	2,606	1.00	1.16	1.05	1.05	1.18	1.10	1.04	
SCL	MIL	C heila			0.75	1,650	1,587	96%	1,878	1.00	0.98	1.18	1.07	0.90	1.05	1.04	
SCL	MIL	C ha			0.90	1,980	2,105	106%	2,047	1.00	0.99	0.86	0.93	0.98	1.13	1.02	
SCL	MIL	D nifer			0.78	1,716	1,780	104%	2,025	1.00	0.79	1.10	1.05	1.03	1.15	1.04	
SCL	MIL	E ey			0.90	1,980	1,902	96%	1,311	1.38	1.03	1.11	0.96	1.00	1.13	1.03	
SCL	MIL	H ward			0.42	924	1,290	140%	1,080	1.13	1.06	1.06	1.08	1.06	1.11	1.04	

NAME	IMAGING REFERRALS (FOR EDUCATIONAL PURPOSES ONLY)										
	UGI Referrals /1000 Visits	UGI Referrals Index	L-Spine MRI Referrals /1000 Visits	L-Spine MRI Referrals Index	Knee MRI Referrals /1000 Visits	Knee MRI Referrals Index	Outpatient Carotid Referrals/ 1000 Visits	Outpatient Carotid Referrals Index	Abdominal ULS Referrals/ 1000 Visits	Abdominal ULS Referrals Index	Imaging Referral Index
C	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF
2008 TARGETS	4.04		8.51		1.42		4.37		17.96		
A ameer	1.09	0.27	4.91	0.58	0.00	0.00	2.18	0.50	3.27	0.18	0.31
C hilip	0.29	0.07	6.74	0.79	0.00	0.00	3.23	0.74	11.73	0.65	0.45
F ebra	0.85	0.21	10.67	1.25	0.85	0.60	5.12	1.17	14.51	0.81	0.81
H ndrew	0.69	0.17	3.11	0.37	0.69	0.49	2.08	0.47	11.41	0.64	0.43
K n, James	0.00	0.00	5.75	0.68	1.05	0.73	4.18	0.96	6.80	0.38	0.55
K inder	0.00	0.00	10.00	1.18	0.00	0.00	3.64	0.83	10.46	0.58	0.52
L	0.31	0.08	10.81	1.27	1.54	1.08	3.09	0.71	13.90	0.77	0.78
P nita	0.32	0.08	4.73	0.56	0.32	0.22	0.32	0.07	10.09	0.56	0.30
Q anne	0.00	0.00	2.98	0.35	0.37	0.26	1.49	0.34	12.30	0.69	0.33
S a	0.47	0.12	5.59	0.66	0.93	0.65	1.86	0.43	16.29	0.91	0.55
S a	0.00	0.00	1.28	0.15	0.00	0.00	0.96	0.22	7.98	0.44	0.16
T cy	0.00	0.00	12.96	1.52	0.00	0.00	6.72	1.54	8.64	0.48	0.71
Z n	0.31	0.08	4.03	0.47	0.00	0.00	3.72	0.85	13.65	0.76	0.43
O ell	**0.30**	**0.08**	**6.19**	**0.73**	**0.47**	**0.33**	**2.90**	**0.66**	**10.89**	**0.61**	**0.48**
A ayssoun	0.00	0.00	4.01	0.47	0.00	0.00	0.89	0.20	8.46	0.47	0.23
A Swe	1.49	0.37	6.95	0.82	0.00	0.00	8.94	2.04	18.87	1.05	0.86
B Sraboni	0.52	0.13	4.15	0.49	0.00	0.00	1.04	0.24	26.47	1.47	0.47
C ason	0.00	0.00	8.12	0.95	0.00	0.00	1.74	0.40	20.31	1.13	0.50
C heila	0.00	0.00	1.76	0.21	0.59	0.41	1.17	0.27	13.46	0.75	0.33
C ha	2.12	0.52	4.55	0.53	0.00	0.00	1.21	0.28	25.45	1.42	0.55
D nifer	0.51	0.13	5.63	0.66	0.00	0.00	2.05	0.47	17.40	0.97	0.45
E ey	0.83	0.21	6.65	0.78	0.00	0.00	6.23	1.43	19.53	1.09	0.70
H ward	3.05	0.75	7.31	0.86	0.00	0.00	0.00	0.00	19.49	1.09	0.54

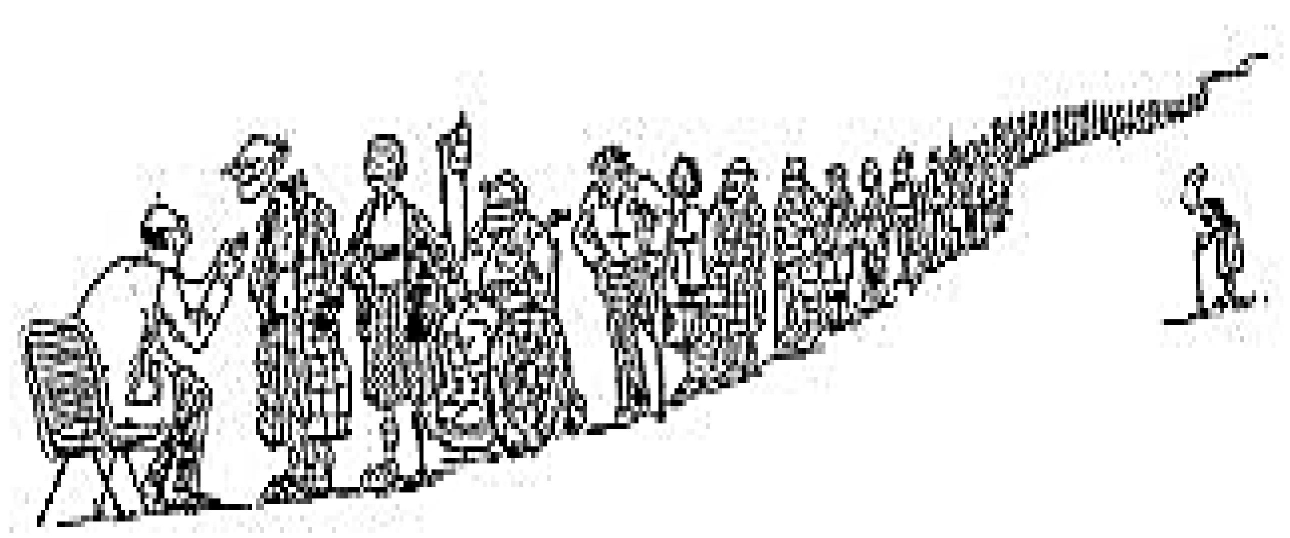
Variation Analysis



⊕ = mean

Access and Service

Quality will be redefined as convenience.



Overall patient experience largely driven by perception of ease ,convenience, and timeliness of access

Timeliness of access is largely a simple numbers game, so teach the arithmetic

Specialty Access

MONTHLY SNAPSHOT OF SPECIALTY CARE ACCESS - January 2009

	ALL	CAR	DRM	END	ENT	GI	ID	NEP	NEU	ONC	OPH	ORT	PHY	PLS	POD	PUL	RHE	SPS	SUR	URO
BALT	12.5%		18.0%	24.1%	11.5%		0.0%		7.1%	5.6%		61.6%				13.8%			14.7%	54.9%
DCSM	15.5%	34.4%	18.8%	18.2%	40.4%	14.1%	36.4%	39.0%	14.9%	20.9%	47.7%	29.6%	43.2%	17.4%	32.5%	16.0%	20.0%		53.4%	21.2%
NOVA	15.5%	56.4%	15.9%	22.9%	60.8%	9.9%	64.7%	41.7%	17.9%	27.1%	51.6%	65.1%	28.6%	0.0%	22.3%	21.5%	28.9%	31.2%	59.2%	28.3%
REGION	15.2%	43.1%	17.7%	20.8%	48.7%	12.3%	44.2%	40.5%	16.0%	21.8%	49.7%	49.6%	36.9%	14.8%	27.9%	18.0%	23.6%	31.2%	54.6%	26.7%

- Blue: Initiate to Seen within 10 days for 75 % or more. Meeting the go
- Lavender: Initiate to Seen within 10 days between 50 % - 74 %. On the way to meet the goal
- Red: Initiate to Seen within 10 days for less than 50 %. Not meeting the goa

MONTHLY SNAPSHOT OF SPECIALTY CARE ACCESS - January 2011

	ALL	CAR	DRM	END	ENT	GI	ID	NEP	NEU	ONC	OPH	ORT	PHY	PLS	POD	PUL	RHE	SUR	URO
BALT	82.4%	16.1%	14.1%	81.1%	61.4%	15.5%	100%	52.0%	5.1%	79.3%	6.7%	86.7%			91.4%	22.2%	57.1%	76.4%	21.3%
DCSM	81.0%	76.7%	87.7%	87.6%	92.6%	65.0%	100%	83.3%	88.3%	95.9%	83.4%	95.3%	97.5%	60.0%	94.2%	89.3%	93.3%	74.9%	91.5%
NOVA	91.2%	91.3%	92.3%	93.6%	91.7%	59.4%	100%	80.4%	96.1%	82.0%	90.3%	92.9%	78.3%	81.8%	93.6%	91.6%	92.2%	85.3%	86.4%
REGION	85.8%	63.7%	86.1%	88.8%	87.5%	51.0%	100%	76.6%	81.1%	88.8%	77.2%	93.1%	90.5%	69.2%	93.6%	80.6%	90.7%	80.0%	78.6%

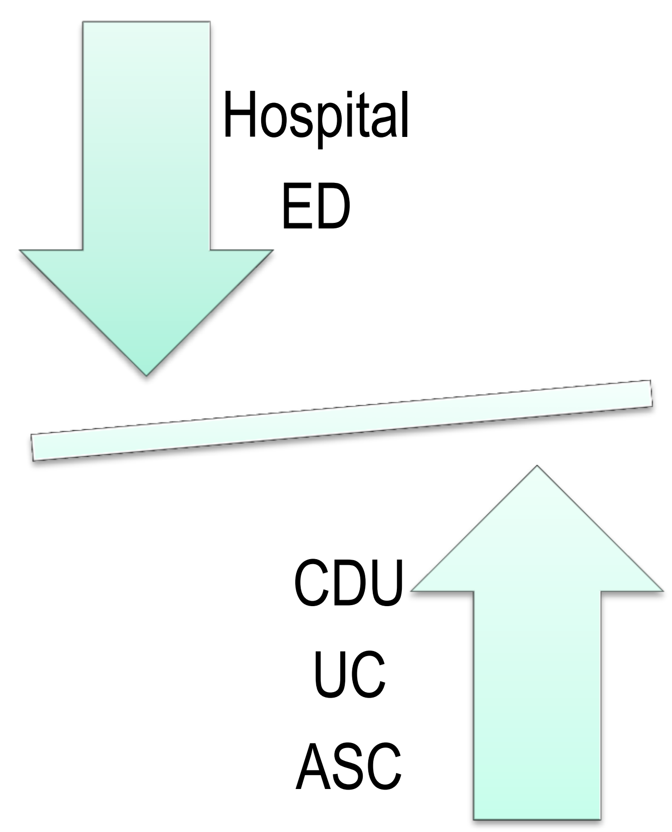
- Blue: Initiate to Seen within 10 days for 75 % or more. Meeting the goal
- Red: Initiate to Seen within 10 days for less than 75 %. Not meeting the goal

MONTHLY SNAPSHOT OF SPECIALTY CARE ACCESS - January 2013

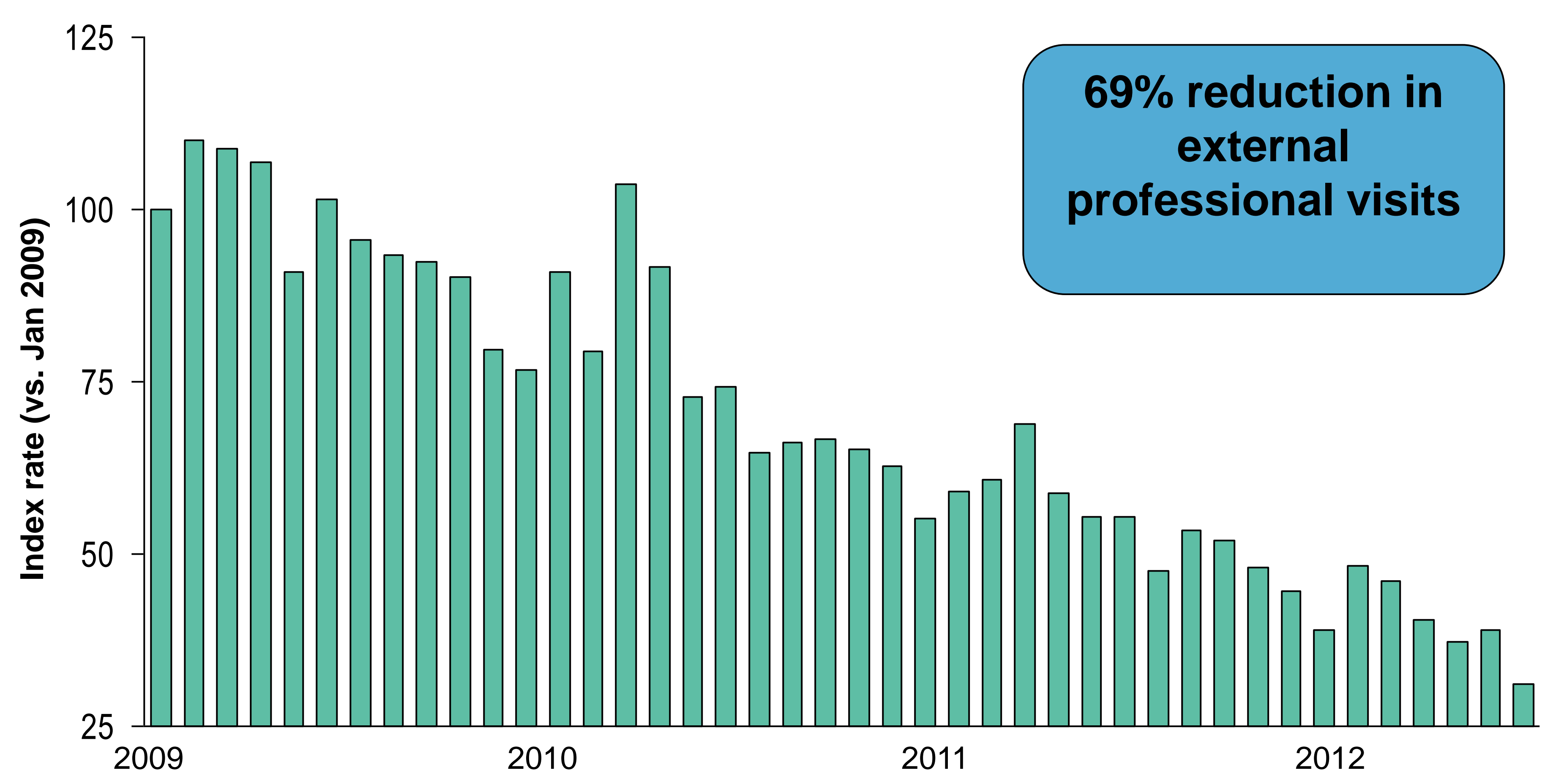
	ALL	ALT	CAR	DRM	END	ENT	GI	ID	NEP	NEU	ONC	OPH	ORT	PAI	PHY	PLS	POD	PUL	RHE	SPS	SUR	URO	VAS	SLP-MD
BALT	89%		86%	16%	90%	85%	88%	100%	86%	93%	96%	91%	90%				86%	63%	86%	100%	87%	89%		
DCSM	87%	79%	92%	31%	88%	92%	70%	75%	87%	90%	91%	94%	95%	89%	87%	64%	93%	83%	89%	89%	82%	91%	73%	
NOVA	79%	88%	93%	94%	86%	88%	81%	94%	92%	94%	89%	92%	90%	90%	92%	81%	92%	96%	92%	91%	87%	67%	82%	87%
REGION	85%	83%	90%	47%	88%	88%	80%	90%	88%	92%	92%	92%	92%	89%	90%	73%	90%	81%	89%	93%	85%	82%	78%	87%

- Blue: Initiate to Seen within 10 days for 80 % or more. Meeting the goal
- Red: Initiate to Seen within 10 days for less than 80 %. Not meeting the goal

Urgent/Emergent Care & Hospitalization



Internalization



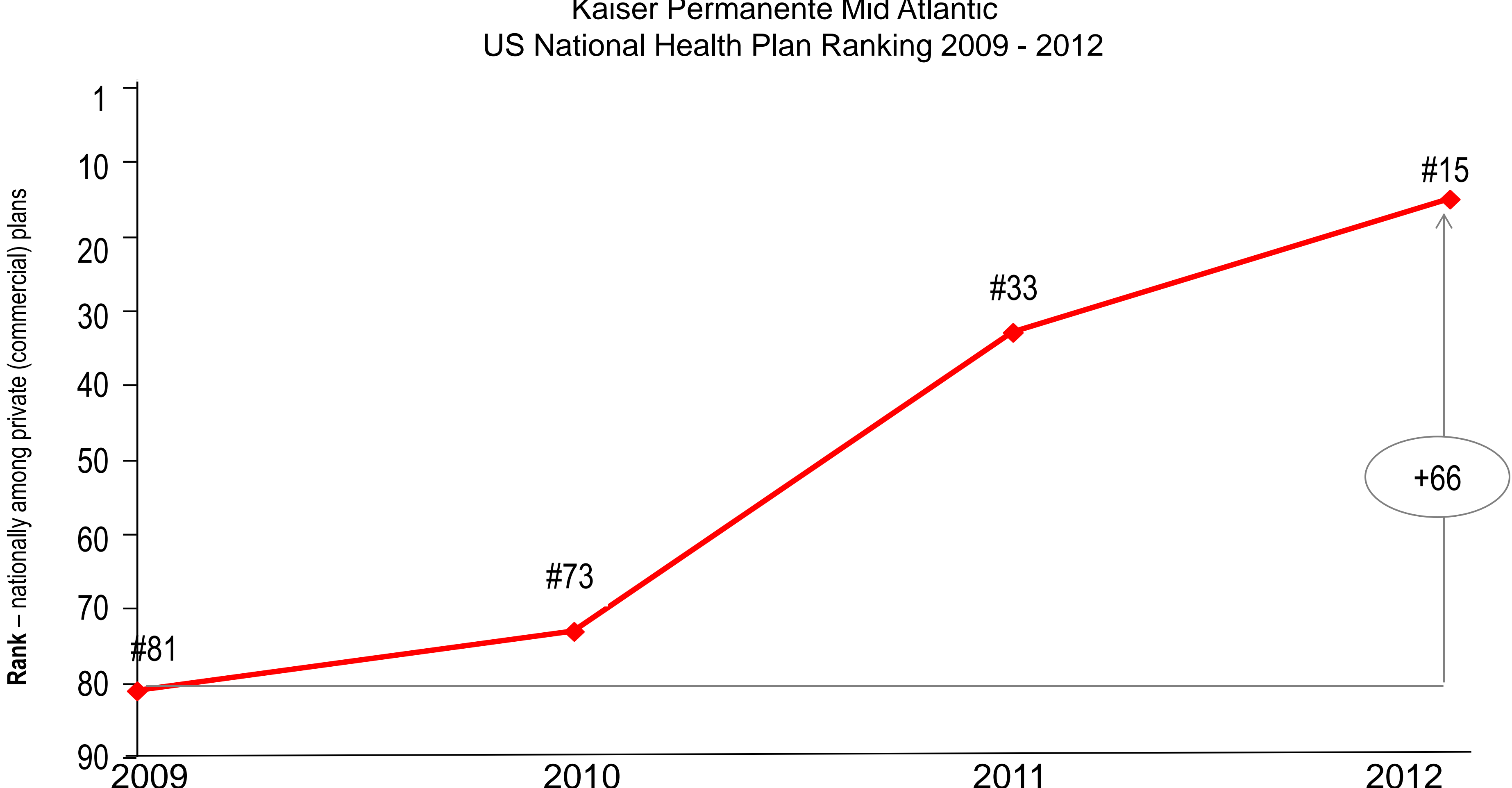
Data is indexed to 100 as of Jan 2009.

Efficiency

But is it working?

There is no value in a nice concept if it doesn’t deliver the outcomes desired

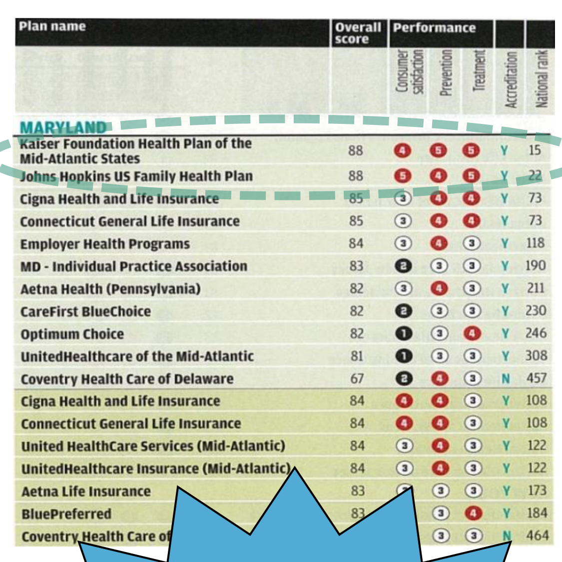
KP Mid-Atlantic: Climbing the National Rankings



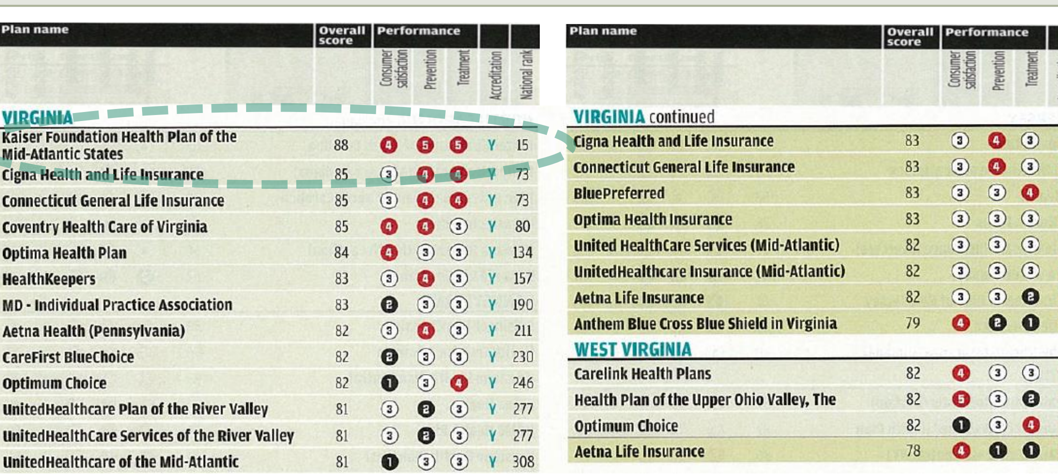
National Committee for Quality Assurance ranking of health plans in the U.S.; * Other Large Mid-Atlantic Health Plans listed represent insurance carriers operating in MD, VA, and DC with a minimum of 150,000 commercial members . Source: HealthLeaders July 2011

Consumer Reports: November 2012

Plan name	Overall score	Performance: Consumer satisfaction	Performance: Prevention	Performance: Treatment	Accreditation	National rank
DISTRICT OF COLUMBIA						
Kaiser Foundation Health Plan of the Mid-Atlantic States	88	4	5	5	Y	15
Cigna Health and Life Insurance	85	3	4	4	Y	73
Connecticut General Life Insurance	85	3	4	4	Y	73
MD - Individual Practice Association	83	2	3	3	Y	190
Aetna Health (Pennsylvania)	82	3	4	3	Y	211
CareFirst BlueChoice	82	2	3	3	Y	230
Optimum Choice	82	1	3	4	Y	246
UnitedHealthcare of the Mid-Atlantic	81	1	3	3	Y	308
Cigna Health and Life Insurance	84	4	4	3	Y	108
Connecticut General Life Insurance	84	4	4	3	Y	108
Aetna Life Insurance	83	3	3	3	Y	173
BluePreferred	83	3	3	4	Y	184
United HealthCare Services (Mid-Atlantic)	81	1	3	3	Y	280
UnitedHealthcare Insurance (Mid-Atlantic)	81	1	3	3	Y	280



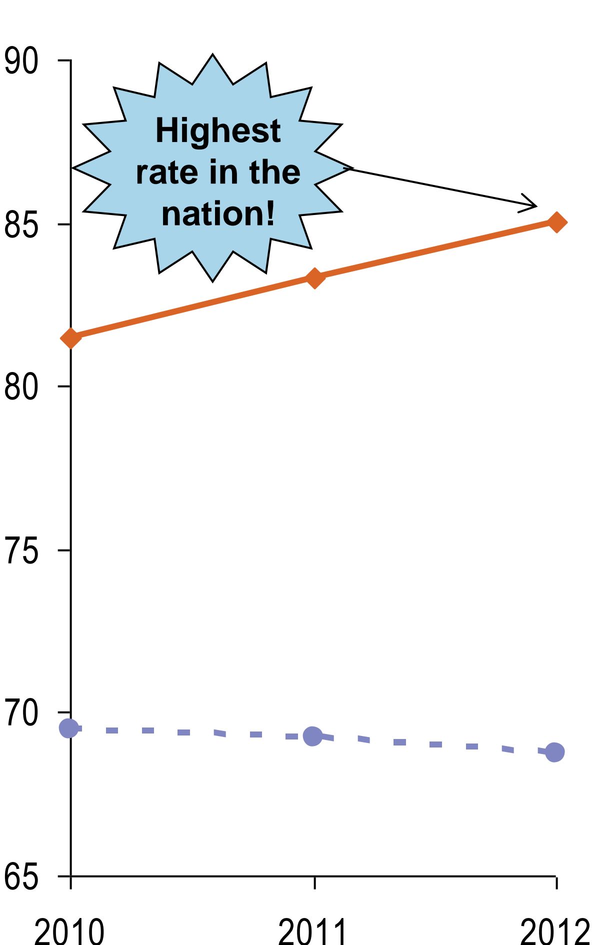
Plan name	Overall score	Performance: Consumer satisfaction	Performance: Prevention	Performance: Treatment	Accreditation	National rank
MARYLAND						
Kaiser Foundation Health Plan of the Mid-Atlantic States	88	4	5	5	Y	15
Johns Hopkins US Family Health Plan	88	5	4	5	Y	22
Cigna Health and Life Insurance	85	3	4	4	Y	73
Connecticut General Life Insurance	85	3	4	4	Y	73
Employer Health Programs	84	3	4	3	Y	118
MD - Individual Practice Association	83	2	3	3	Y	190
Aetna Health (Pennsylvania)	82	3	4	3	Y	211
CareFirst BlueChoice	82	2	3	3	Y	230
Optimum Choice	82	1	3	4	Y	246
UnitedHealthcare of the Mid-Atlantic	81	1	3	3	Y	308
Coventry Health Care of Delaware	67	2	4	3	N	457
Cigna Health and Life Insurance	84	4	4	3	Y	108
Connecticut General Life Insurance	84	4	4	3	Y	108
United HealthCare Services (Mid-Atlantic)	84	3	4	3	Y	122
UnitedHealthcare Insurance (Mid-Atlantic)	84	3	4	3	Y	122
Aetna Life Insurance	83	[illegible]	3	3	Y	173
BluePreferred	83	[illegible]	3	4	Y	184
Coventry Health Care of [illegible]	[illegible]	[illegible]	3	3	N	464

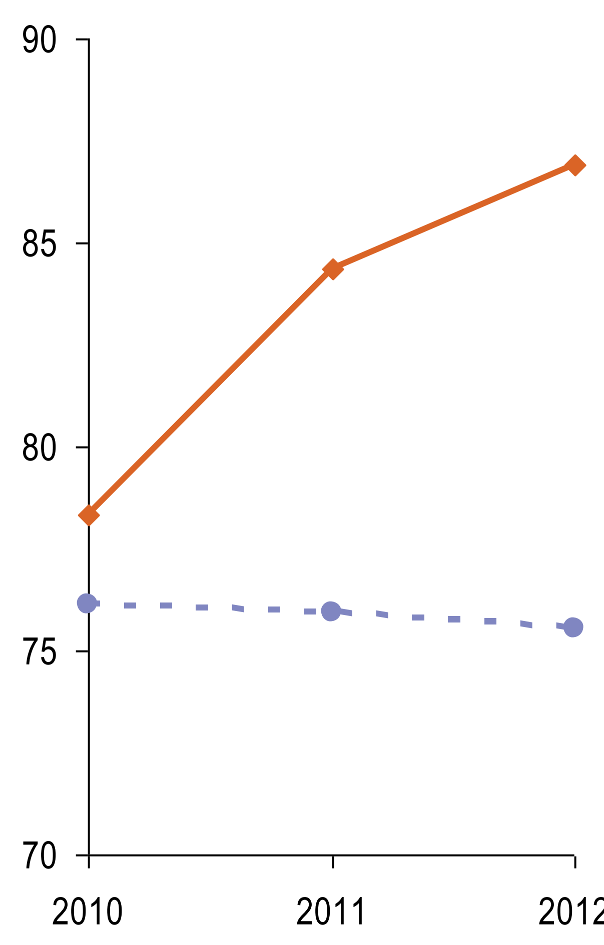


Plan name	Overall score	Performance: Consumer satisfaction	Performance: Prevention	Performance: Treatment	Accreditation	National rank
VIRGINIA						
Kaiser Foundation Health Plan of the Mid-Atlantic States	88	4	5	5	Y	15
Cigna Health and Life Insurance	85	3	4	4	Y	73
Connecticut General Life Insurance	85	3	4	4	Y	73
Coventry Health Care of Virginia	85	4	4	3	Y	80
Optima Health Plan	84	4	3	3	Y	134
HealthKeepers	83	3	4	3	Y	157
MD - Individual Practice Association	83	2	3	3	Y	190
Aetna Health (Pennsylvania)	82	3	4	3	Y	211
CareFirst BlueChoice	82	2	3	3	Y	230
Optimum Choice	82	1	3	4	Y	246
UnitedHealthcare Plan of the River Valley	81	3	2	3	Y	277
UnitedHealthCare Services of the River Valley	81	3	2	3	Y	277
UnitedHealthcare of the Mid-Atlantic	81	1	3	3	Y	308
VIRGINIA continued						
Cigna Health and Life Insurance	83	3	4	3	Y	151
Connecticut General Life Insurance	83	3	4	3	Y	151
BluePreferred	83	3	3	4	Y	184
Optima Health Insurance	83	3	3	3	Y	189
United HealthCare Services (Mid-Atlantic)	82	3	3	3	Y	233
UnitedHealthcare Insurance (Mid-Atlantic)	82	3	3	3	Y	233
Aetna Life Insurance	82	3	3	2	Y	235
Anthem Blue Cross Blue Shield in Virginia	79	4	2	1	Y	378
WEST VIRGINIA						
Carelink Health Plans	82	4	3	3	Y	216
Health Plan of the Upper Ohio Valley, The	82	5	3	2	Y	227
Optimum Choice	82	1	3	4	Y	246
Aetna Life Insurance	78	4	1	1	Y	402

Kaiser Permanente recognized by NCQA as highest ranked plan in Maryland, DC, and Virginia for both commercial and Medicare plans!

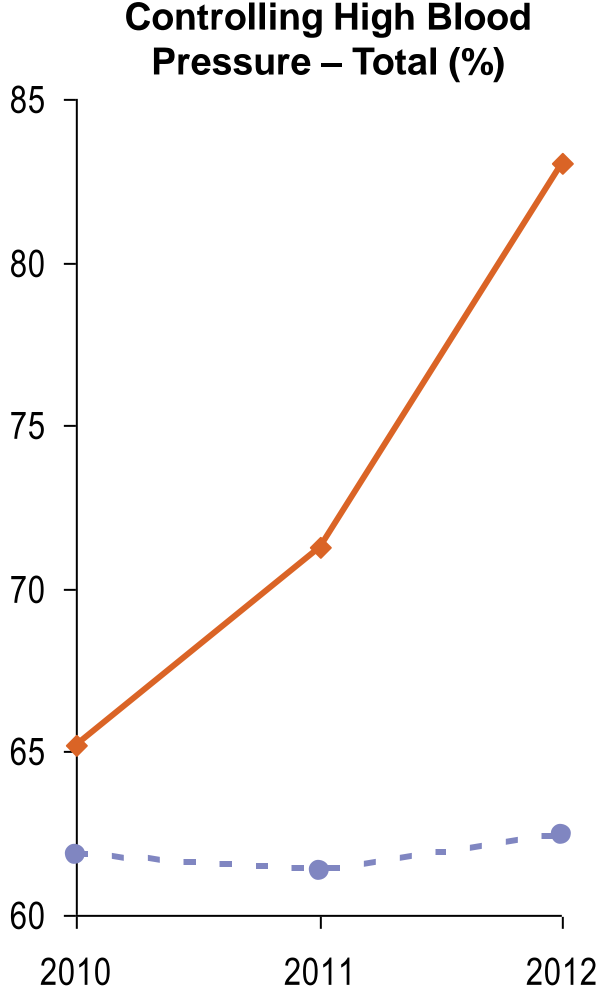
Quality – Cancer Screening

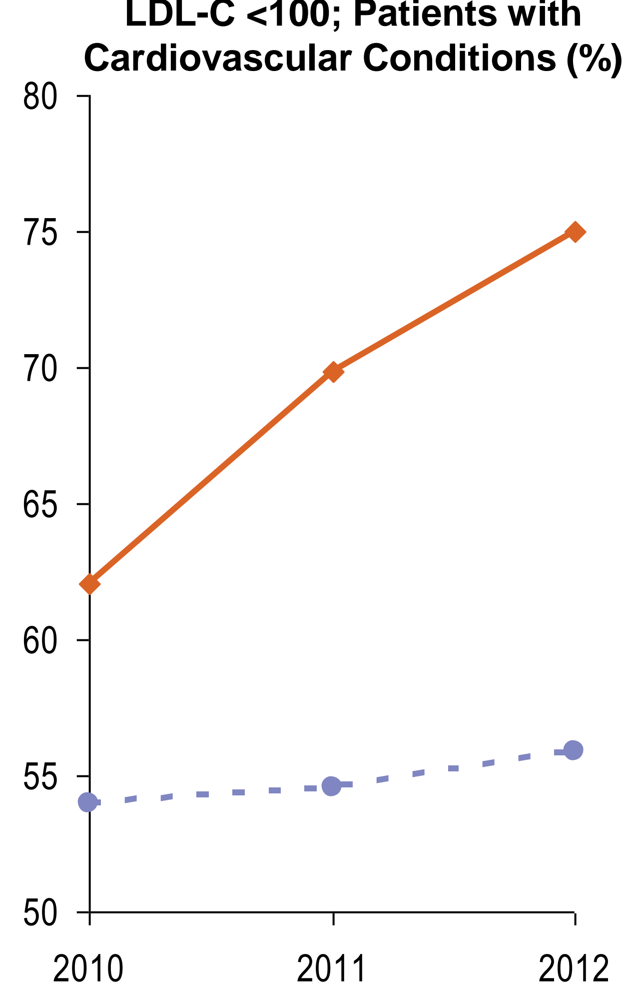




HEDIS 2010 – 2012 Data. * Health plans of any size participating in HEDIS; * National Average is based on all participating plans (HMO, POS, and PPO) nationally (over 400)

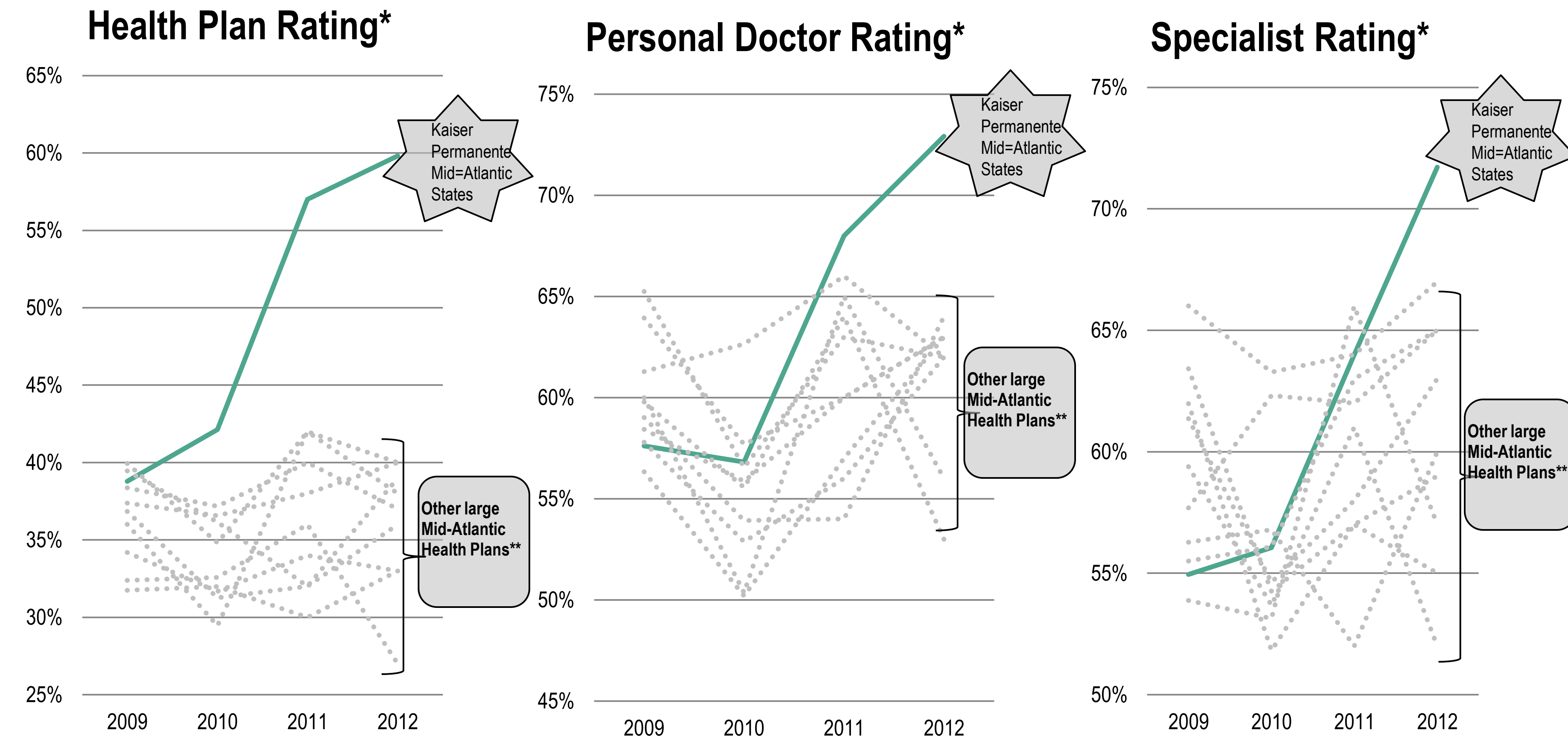
Quality – Chronic Conditions





HEDIS 2010 – 2012 Data. * Health plans of any size participating in HEDIS; * National Average is based on all participating plans (HMO, POS, and PPO) nationally (over 300)

Consumer Assessment of Healthcare Providers and Systems (CAHPS)



* Data CAHPS 2012 (percent of respondents scoring question a 9 or 10 on 10 point scale)

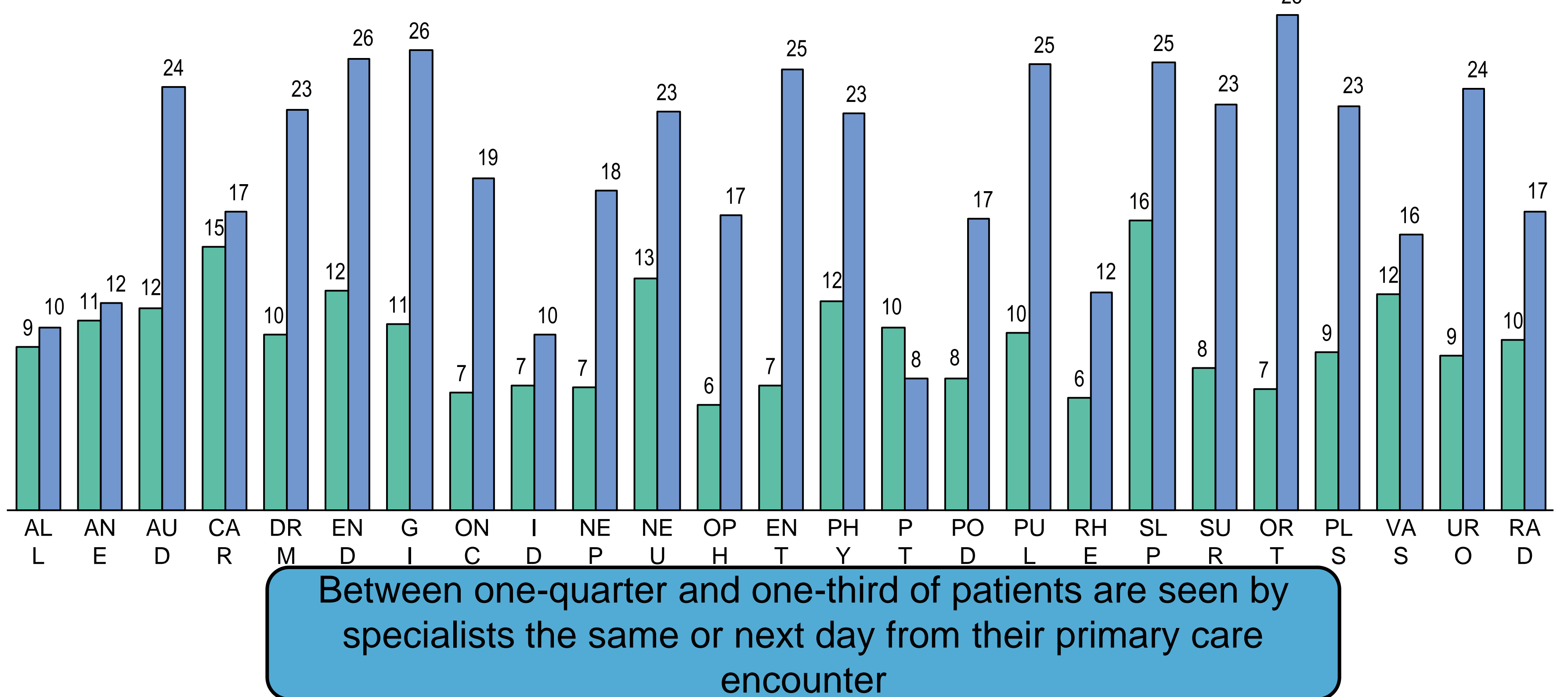
** Other large Mid-Atlantic health plans composed of plans with more than 150,000 members in DC, VA or MD (per HealthLeaders Study July 2011)

Operational improvements go beyond quality

Access to specialty care is rapid

When seen by KP Provider
When seen in the community

Wait Time from referral initiation to appointment completion for KP Members*
Number of days from initiation of referral to completion of specialist office visit

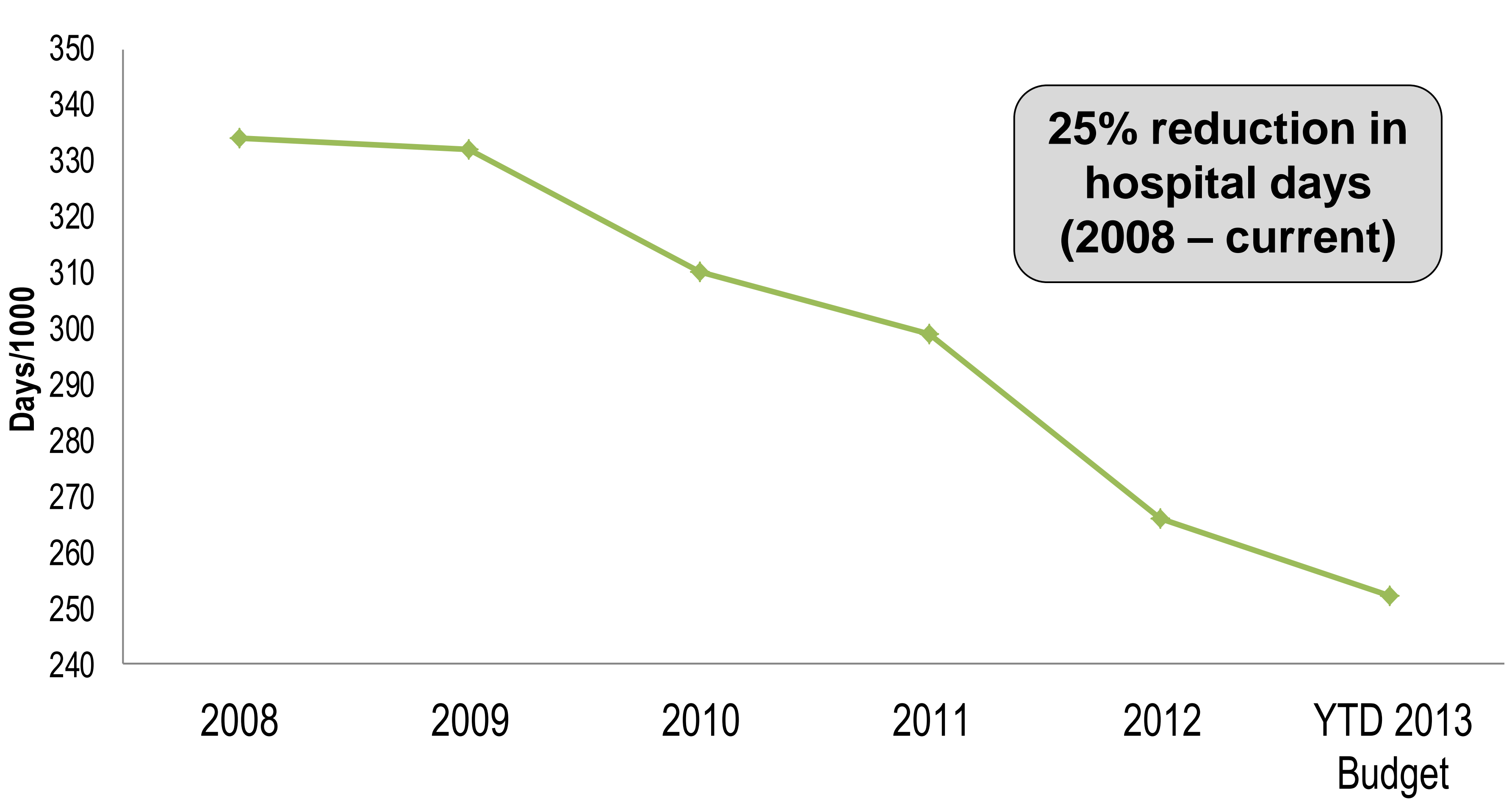


* Data is from July 2012 (lagged 3 months from current so that claims data can be processed to ensure we know when external providers saw the patient); results are reflective of what is seen every other month

** Excludes Radiology

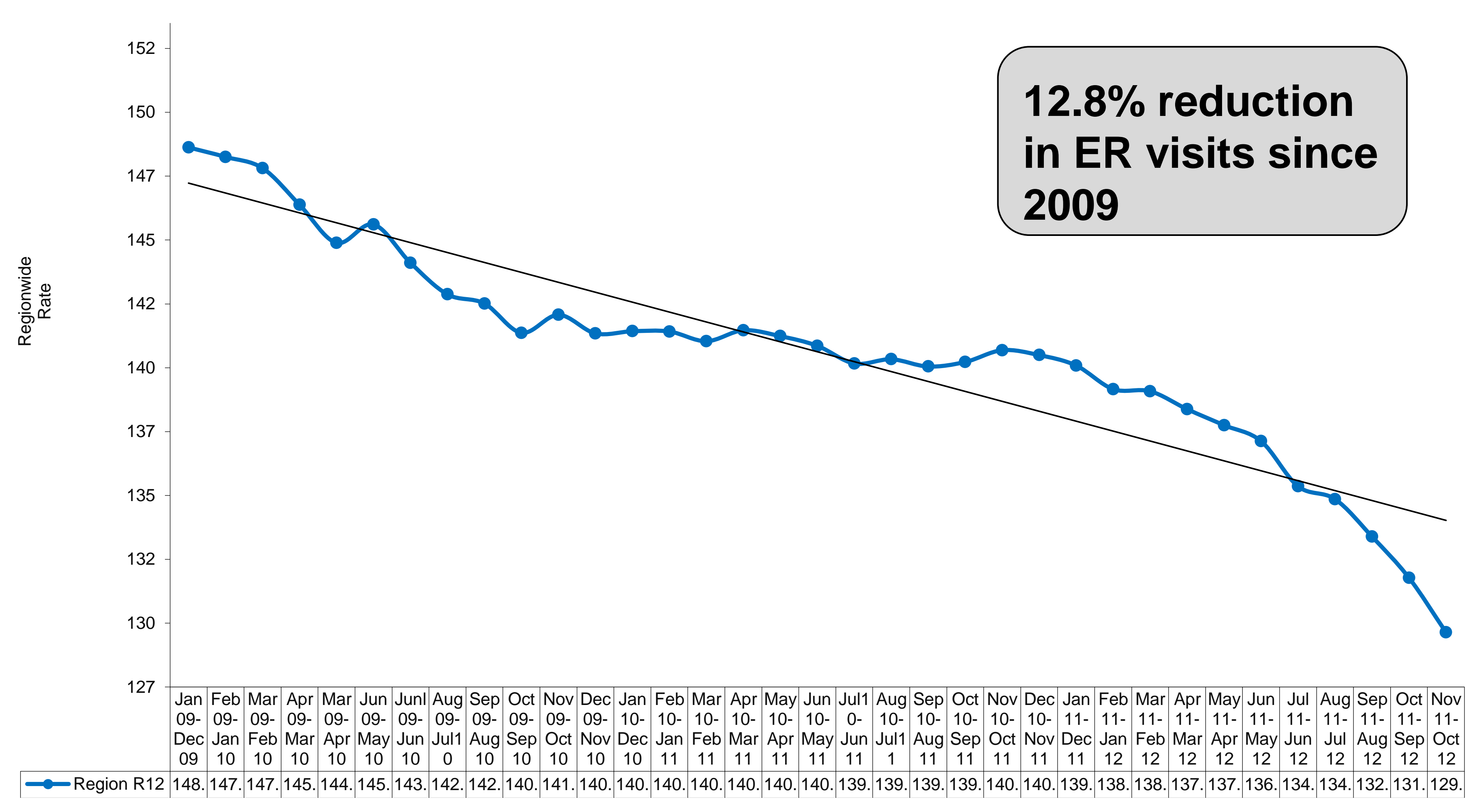
MAPMG
Mid-AtlanticPermanente Medical Group

Cost – Hospital Days/1,000*



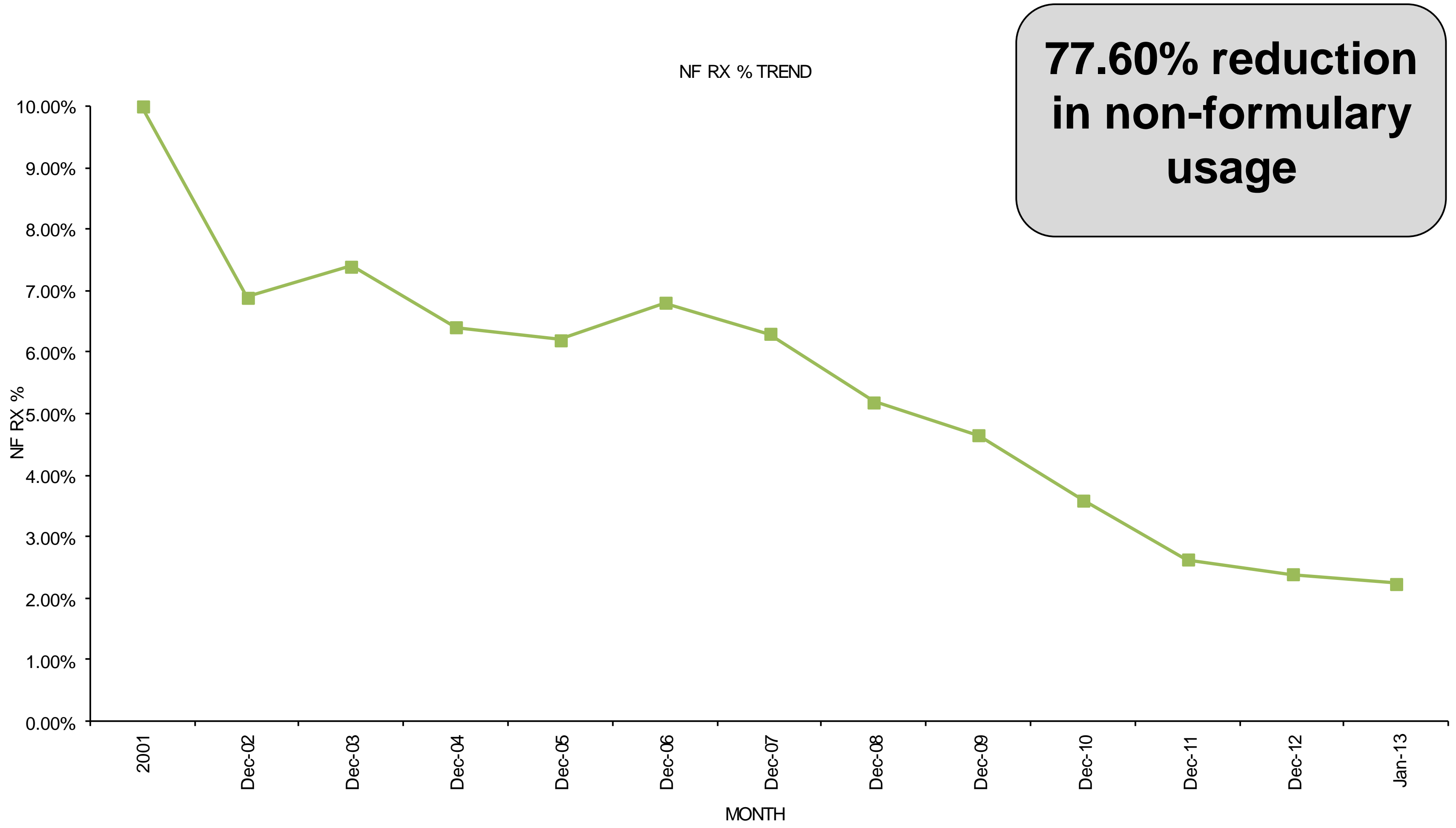
* Excludes psychiatric data, includes Commercial and Medicare

Region-wide ER Visits/1,000 (rolling 12-month periods)



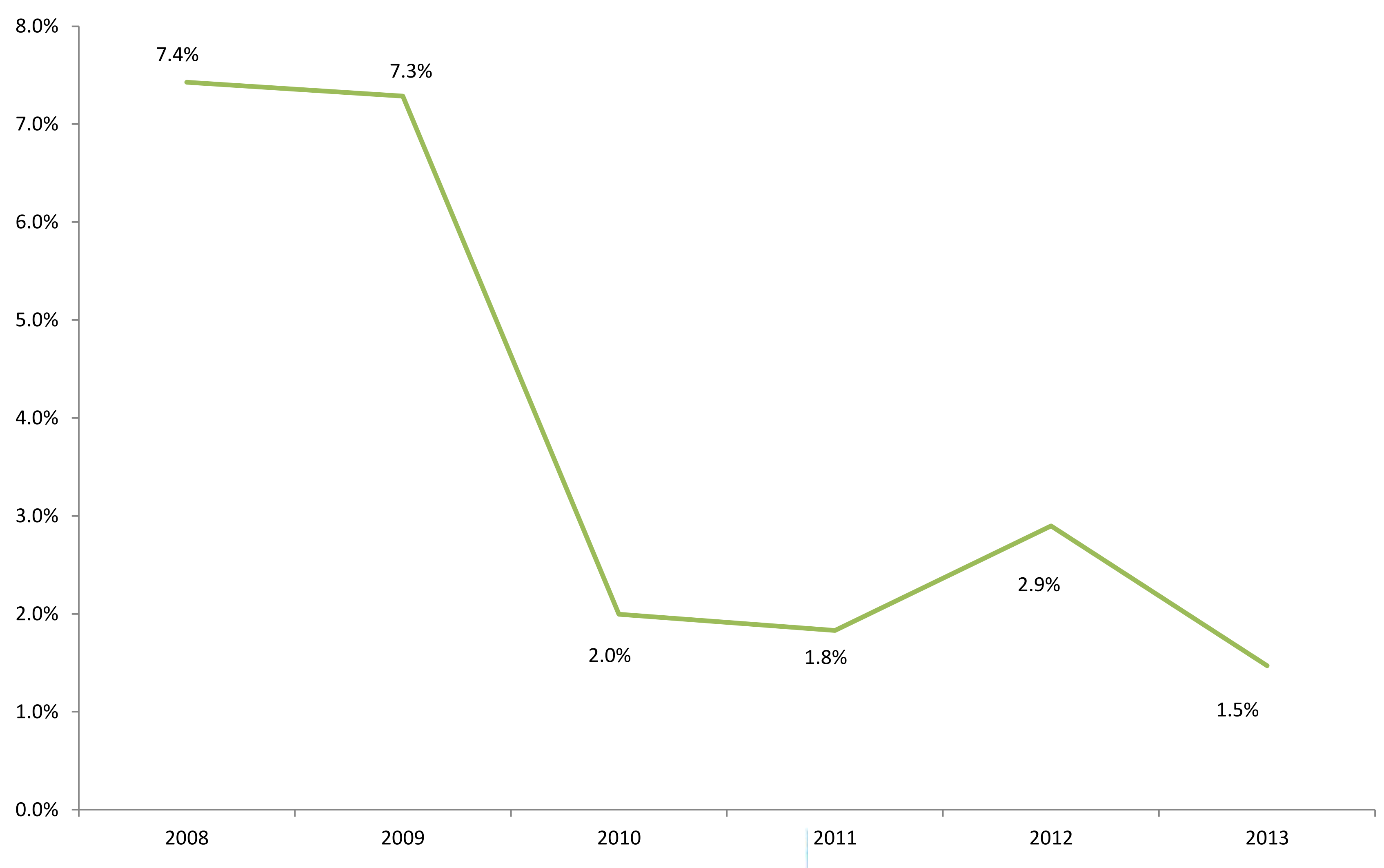
Cost – Non-formulary prescription rate (%)

Region Wide Non-Formulary Trends by Count

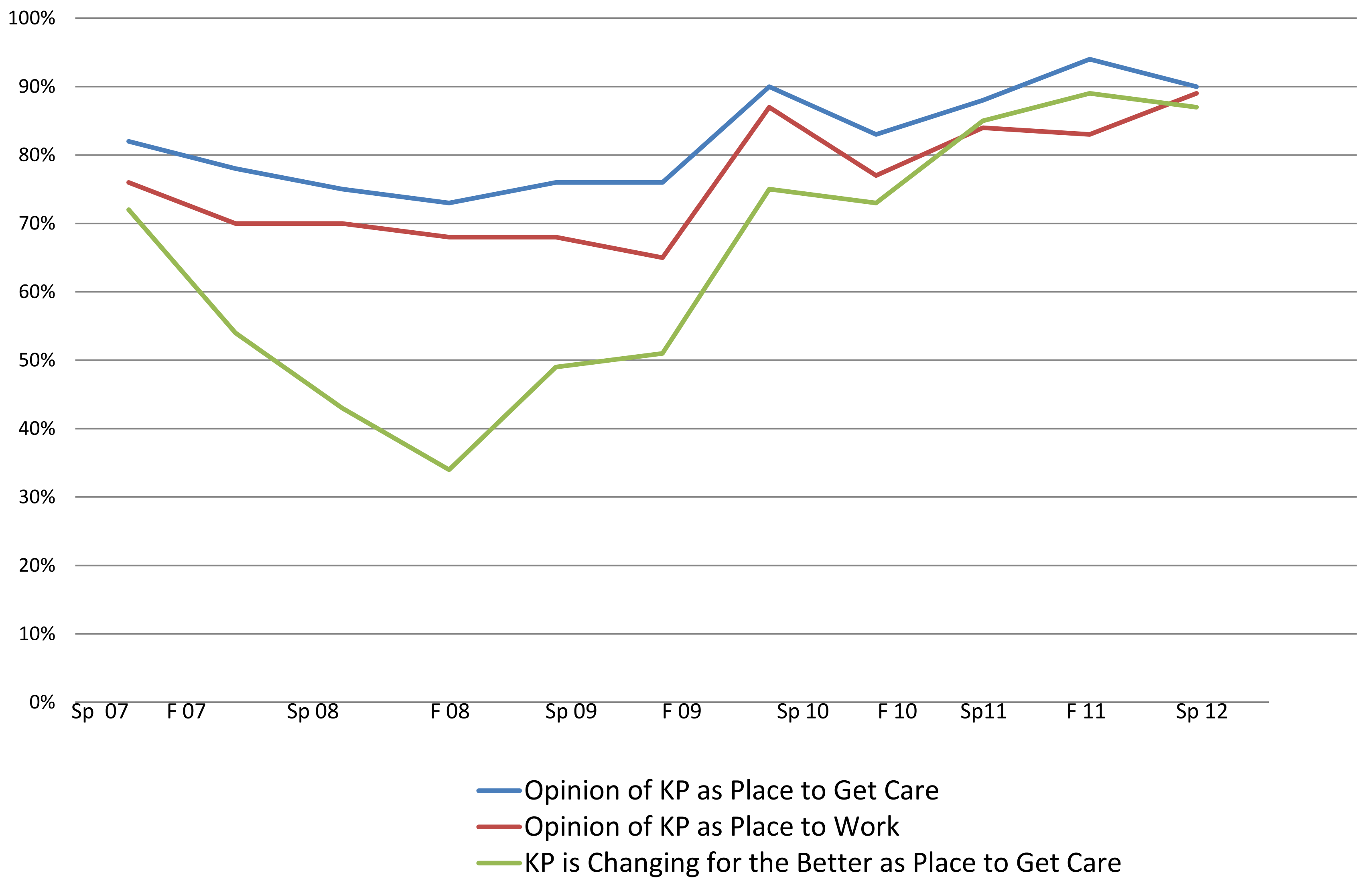


Non-Formulary Rates on a count basis.
Data Collection Modification (improvement) post to 2008.

What it all adds up to, dollar-wise



Physician Morale



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

— Margaret Meade

Successful Physician Leadership and Engagement: Key Take-Aways

What we found critical

- Clear vision & “imperatives” – be audacious in goal-setting
- Engagement of the entire care team led by physicians. Collaboration is critical.
- Culture of excellence is expected… **not optional.**
- Robust reporting system.
- Culture of accountability & being valued.

What is not essential

- Perfect data that everyone agrees is incontrovertible.
- A detailed roadmap with every step plotted out.
- Complete consensus of everyone on the team.
- Absolute consistency driven by an assumption that what works one place will certainly work elsewhere.

Questions